RADIOLOGY REFERRAL FORM - SPECIALTY

TRA MEDICAL IMAGING

Appointment

Date: _____ Time: _____ ❑ Call patient to schedule ❑ Patient will call to schedule

Patient Information

Date: _____ Referring Provider: _____

Patient Name: _____ D.O.B.: _____

Phone: _____ Interpreter Needed (language): _____

Height: _____ Weight: _____ Pregnant: ❑ Yes ❑ No Allergies: _____

Clinic History (signs and symptoms REQUIRED)

Signs/Symptoms: _____

Duration: _____ Area: _____

Cause (Hx, Trauma, etc.): _____

Is this due to an injury? ❑ Yes ❑ No If yes, specify: ❑ MVA ❑ L&I ❑ DOI: _____

Prior Exams

Date: _____ Facility Location: _____

Date: _____ Facility Location: _____

Report

Call STAT: (_____) _____ - _____

Fax STAT: (_____) _____ - _____

Fax Routine: (_____) _____ - _____

Additional Report to: _____

Images

❑ CD ROM

❑ Web PACS

❑ PACS

❑ Deliver to my office

❑ Send with patient

Insurance Information *(Send copy of patient's insurance card when faxing this referral)*

Insurance(s): _____

Claim # (if applicable): _____

Pre-Authorization #: _____

CT SCAN

❑ **No contrast** ❑ **Contrast (at radiologist discretion)**

❑ Head
❑ Soft Tissue Neck
❑ Orbits (IAC Post Fossa, temp bones)
❑ LandmarX
❑ Maxillofacial
❑ C-spine
❑ T-spine
❑ L-spine
❑ Chest
❑ Chest High Resolution
❑ Cardiac Calcium Score
❑ Low-dose Lung Screen (patients must meet all criteria below to qualify)
  ❍ Age 55-80 (Medicare only approves up to 77 years of age)
  ❍ Active smoker or quit less or equal to 15 years
  ❍ At least 30 pack-year history (one pack-year = smoking one pack per day for one year; 1 pack =20 cigarettes)
❑ Abdomen
❑ Abdomen and Pelvis
❑ CT Enterography
❑ CT IVP (urography)
❑ CT KUB
❑ CT Urogram
❑ CTA Head
❑ CTA Neck
❑ CTA Abdomen
❑ CTA Abdomen and Pelvis
❑ CTA Pelvis
❑ CTA Runoff
❑ Extremity _____ L R ❍ with joint arthrogram
❑ Pelvis
❑ Other _____

MRI EXAM

❑ **No contrast** ❑ **Contrast (at radiologist discretion)**

❑ Patient may have metal in eye (perform x-ray for determination of foreign body if needed)
❑ Patient has pacemaker
❑ Patient has implanted device: _____
(make / model / year / facility)
❑ Sedation for MRI (patient will need a driver)
  ❍ Provider will sedate ❍ TRA will sedate
❑ Brain
❑ Orbits
❑ Orbits with Brain
❑ IAC Screening
❑ IAC with brain
❑ Face/Neck
❑ Soft Tissue Neck
❑ Pituitary
❑ Cardiac
❑ C-spine
❑ T-spine
❑ L-spine
❑ Abdomen: _____
❑ Pelvis: _____
❑ Enterography
❑ MRCP
❑ MRA: _____
❑ Extremity ❍ with joint arthrogram
  ❍ Ankle L R
  ❍ Elbow L R
  ❍ Hip L R
  ❍ Knee L R
  ❍ Shoulder L R
  ❍ Wrist L R
❑ Other: _____

INJECTIONS AND INTERVENTIONAL PROCEDURES

❑ Diagnostic and Therapeutic Injection: _____

❑ Interventional Procedure: _____

❑ Patient Consultation, Evaluate, and Treat: _____

Referring Provider Signature (Required for exam) → _____

EXAM PREPARATIONS

CT SCAN

- ❑ All IV Contrast Exams: no food for four hours prior to scheduled exam. Clear liquid up to appointment time is permitted.
- ❑ Abdominal/Pelvic CT Exams: arrive one hour prior to appointed time for exam preparation.

MRI

Notify us prior to your appointment if you have the following:

- ❑ Pacemaker
- ❑ Electronic device or metallic implant
- ❑ Brain aneurysm clip
- ❑ Heart valve replacement
- ❑ Stent
- ❑ Metal eye injury

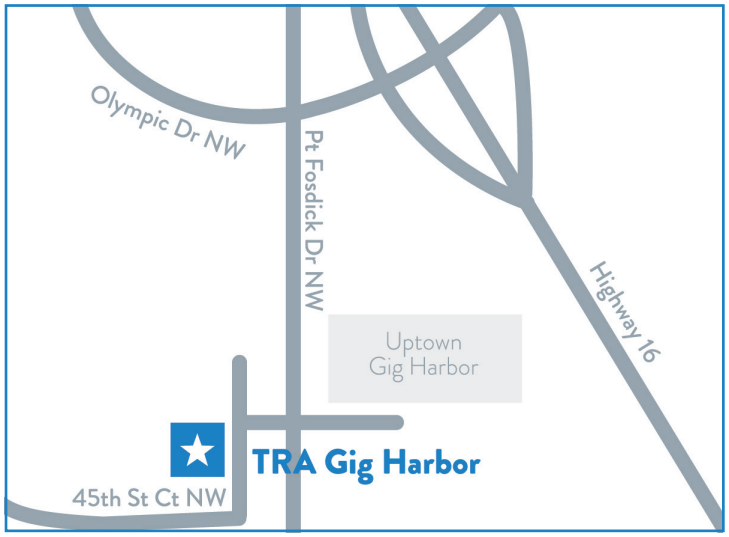
LOCATIONS

TRA TACOMA - ON UNION

2502 S Union Avenue, Tacoma WA 98405

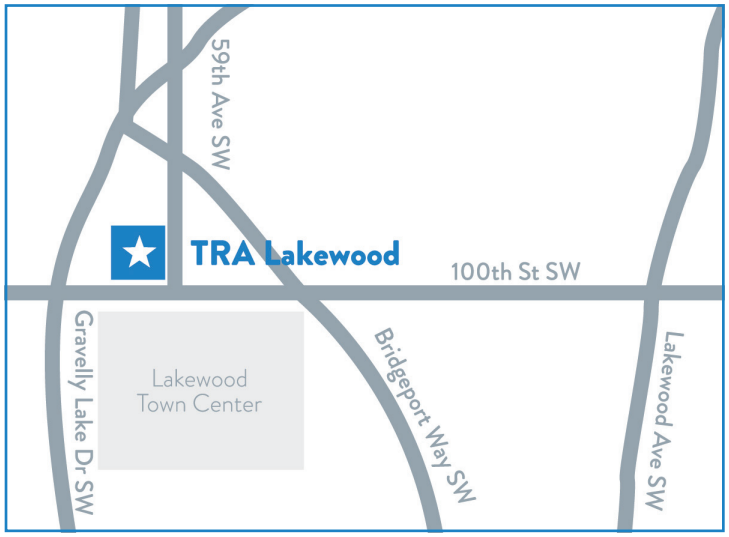
TRA GIG HARBOR

4700 Point Fosdick Dr NW Ste 110, Gig Harbor WA 98335



TRA LAKEWOOD

5919 100th St SW, Lakewood WA 98499



TRA OLYMPIA - ON LILLY

500 Lilly Rd NE Ste 160, Olympia WA 98506