

## Appointment

Date: \_\_\_\_\_ Time: \_\_\_\_\_  Call patient to schedule  Patient will call to schedule

## Patient Information

Date: \_\_\_\_\_ Referring Provider: \_\_\_\_\_

Patient Name: \_\_\_\_\_ D.OB.: \_\_\_\_\_

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: \_\_\_\_\_

## 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 \_\_\_\_\_

## INJECTIONS AND INTERVENTIONAL PROCEDURES

- Diagnostic and Therapeutic Injection: \_\_\_\_\_
- Interventional Procedure: \_\_\_\_\_
- Patient Consultation, Evaluate, and Treat: \_\_\_\_\_

Referring Provider Signature (Required for exam) \_\_\_\_\_

## 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 #: \_\_\_\_\_

## 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
 

<input type="radio"/> Ankle	L	R
<input type="radio"/> Elbow	L	R
<input type="radio"/> Hip	L	R
<input type="radio"/> Knee	L	R
<input type="radio"/> Shoulder	L	R
<input type="radio"/> Wrist	L	R
- Other: \_\_\_\_\_

## LOCATIONS

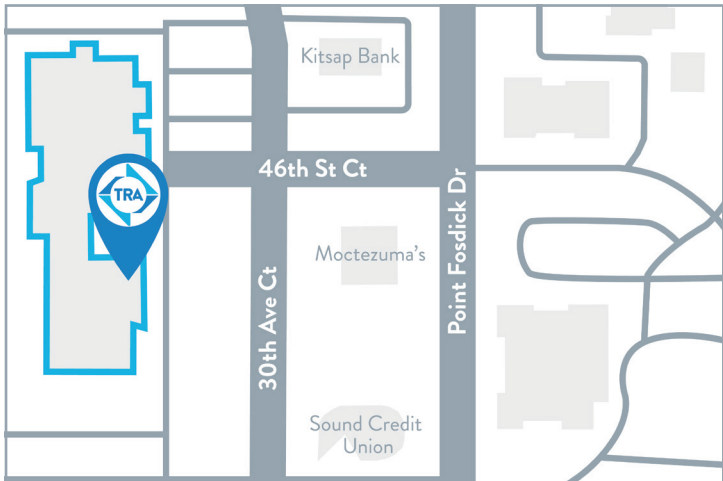
### TRA Auburn

122 3rd St NE Ste 101A, Auburn WA 98002



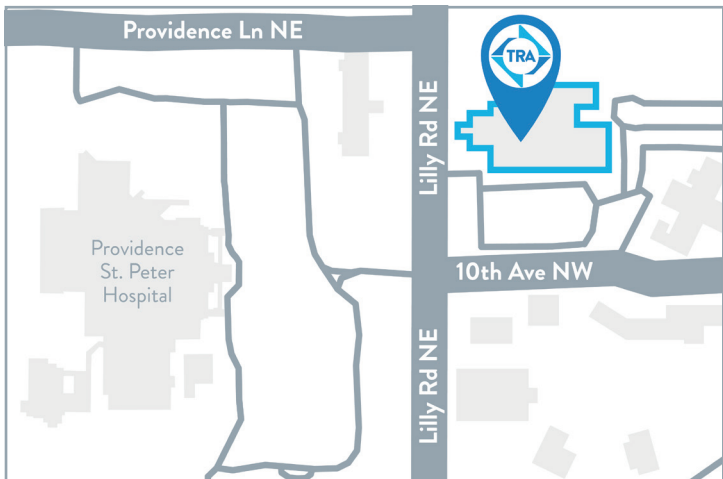
### TRA Gig Harbor

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



### TRA Olympia - on Lilly

500 Lilly Rd NE Ste 160, Olympia WA 98506



## 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.

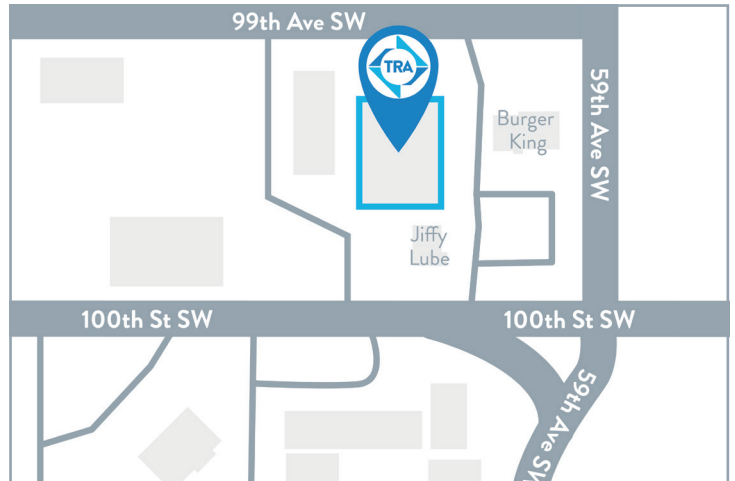
### MRI

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

### TRA Lakewood

5919 100th St SW, Lakewood WA 98499



### TRA Tacoma - on Union / Union Avenue Open MRI

2502 S Union Avenue, Tacoma WA 98405

