

This form is part of the patient's medical record and must be completed for referral

Date of Referral _____ - _____ - _____ Referring Provider Name _____
 Patient Name (first, MI, last) _____
 Patient Phone # (_____) _____ - _____ (home) (_____) _____ - _____ (work or cell)
 D.O.B. _____ - _____ - _____ SS# _____ - _____ - _____ Translator? _____ (Language)

Written Diagnosis/Reason/Symptom for Exam(s) REQUIRED

Medicare and other insurers require coding of specific/definitive diagnosis(es), sign(s) or symptom(s) to reflect the "medical necessity" for each test.
Rule out, Possible or Probable Conditions cannot be coded. For Medicare Policy information see the Part B Bulletin or www.noridian.com/medweb

Notes: Height _____ Weight _____ Allergies _____
 Creatinine/GFR _____ / _____ (date drawn) _____ / _____ / _____ **LABS REQUIRED FOR IV CONTRAST STUDIES**
 Creatinine blood draw at radiologist's discretion

PRIOR EXAMS:

 Date of Service _____ Facility Location _____

Common Exams

X-ray **No appointment required. Specify additional views:**

Chest _____
 Sinuses _____
 Cervical Spine _____
 Thoracic Spine _____
 Lumbar Spine _____
 Scoliosis _____
 Abdomen Series _____
 KUB _____
 Pelvis only

lt	rt	<input type="checkbox"/>	Pelvis w/ Lateral Hip
lt	rt	bilat	<input type="checkbox"/> Hips
lt	rt	bilat	<input type="checkbox"/> Ribs
lt	rt	bilat	<input type="checkbox"/> Shoulder
lt	rt	bilat	<input type="checkbox"/> Elbow
lt	rt	bilat	<input type="checkbox"/> Forearm
lt	rt	bilat	<input type="checkbox"/> Wrist
lt	rt	bilat	<input type="checkbox"/> Hand
lt	rt	bilat	<input type="checkbox"/> Finger
lt	rt	bilat	<input type="checkbox"/> Knee
lt	rt	bilat	<input type="checkbox"/> Tib/Fib
lt	rt	bilat	<input type="checkbox"/> Ankle
lt	rt	bilat	<input type="checkbox"/> Foot or <input type="checkbox"/> Toe
lt	rt	bilat	<input type="checkbox"/> Other _____ view(s)

Bone Densitometry (DEXA)

Spine & Femur
 Other (Specify) _____

Mammography

Screening (no symptoms)
lt rt bilat Diagnostic
 (ultrasound if needed &/or recommended follow up)

Ultrasound

lt rt bilat Breast
 Breast Aspiration Biopsy
 Vascular (Specify) _____
 Arterial Venous
 AAA Screen (Medicare IPPE exam)
 Cardiac Echo
 Abdomen-Complete
 Abdomen-Limited (Area of interest?) _____
 Superficial Soft Tissue (Area of interest?) _____

Fluoroscopy

Esophagram (Barium Swallow)
 Upper GI IVP
 Small Bowel
 Barium Enema with air contrast
 VCUG VCUG Sedation:
 Oral IV NANO
 Arthrogram joint _____
 Other (Specify) _____

Extremity **lt rt** (Specify) _____
 Renal
 Pelvic (transabdominal &/or transvaginal as needed for diagnostic visualization)
 Pelvic-Limited (Specify) _____
 Pelvic-Transvaginal only
 OB Multiple High Risk Follow-up Limited
 < 14 weeks complete (transvaginal as needed for visualization)
 > 14 weeks complete
 MCA Doppler Umbilical cord Doppler
 Biophysical Profile
 Thyroid / Neck
 Testicular / Doppler
 Other (Specify) _____

Appointments:

Exam _____
 M T W Th F S Sn
 Date _____ - _____ - _____
 Time _____ : _____

Exam _____
 M T W Th F S Sn
 Date _____ - _____ - _____
 Time _____ : _____

Call patient to schedule
 Patient will call to schedule
 Return patient to the office with films
 Call STAT (_____) _____ - _____
 Fax STAT (_____) _____ - _____
 Fax Routine (_____) _____ - _____
 Send: CD ROM Films

Additional reports to: _____

Follow-Up Appointment:
 Date _____ - _____ - _____
 Time _____ : _____

PCP: _____

Name of insurance is required: _____

Insurance authorization #
 (if needed): _____

Original Signature REQUIRED by Referring Provider
 (Medicare B News Bulletin #256, 8/29/09) →

For Office Use Only

Diagnostic Imaging Phys Orders



Radiology Order Form

THIS REFERRAL IS CONFIDENTIAL AND IS INTENDED SOLELY FOR THE USE OF THE MEDICAL PROVIDER NAMED ABOVE. IF YOU ARE NOT THE INTENDED RECIPIENT OR THE INTENDED RECIPIENT'S AGENT, AND HAVE RECEIVED THIS COMMUNICATION IN ERROR, NOTIFY SENDER IMMEDIATELY AND DESTROY THIS DOCUMENT.

Tacoma

- ❑ **Carol Milgard Breast Center**
4525 South 19th Street Tacoma, WA 98405
scheduling (253) 759-2622 (866) 758-2622
scheduling fax (253) 572-4324

Franciscan Health System

- ❑ **St. Joseph Medical Center Dept of Radiology**
1717 South J Street, Tacoma WA 98405
(253) 426-6620 fax (253) 426-6610
- ❑ **St. Joseph Outpatient Center**
1617 South J Street, Tacoma WA 98405
(253) 426-6620 fax (253) 426-6464

MultiCare Health System - MultiCare Medical Imaging

Allenmore Campus:

- ❑ **Hospital** - 1901 South Union Avenue, Tacoma WA 98405
(253) 792-6220, toll free (866) 268-7223, fax (253) 792-6230
- ❑ **C Building** - 3124 So. 19th Street, Suite 100, Tacoma WA 98405
(253) 792-6220, toll free (866) 268-7223, fax (253) 792-6230
- ❑ **Mary Bridge Children's Health Ctr Radiology - Diagnostic Only**
311 So. L Street, Tacoma WA 98405
(253) 792-6220, toll free (866) 268-7223, fax (253) 792-6230
- ❑ **Mary Bridge Children's Hospital**
315 Martin Luther King, Jr. Way, 3L, Tacoma WA 98405
(253) 792-6220, toll free (866) 268-7223, fax (253) 792-6230
- ❑ **Tacoma General**
315 Martin Luther King, Jr. Way, 3L, Tacoma WA 98405
(253) 792-6220, toll free (866) 268-7223, fax (253) 792-6230
- ❑ **TRA Medical Imaging-on Cedar**
2202 South Cedar Street, Suite 200, Tacoma WA 98405
scheduling (253) 761-4200 (866) 761-4200
scheduling fax (253) 761-4201

Gig Harbor

- ❑ **St. Anthony Hospital** (Franciscan)
11567 Canterwood Blvd NW, Gig Harbor WA 98332
Scheduling (253) 530-2170 fax (253) 530-2178
- ❑ **Milgard Medical Pavilion at St. Anthony Hospital** (Franciscan)
11511 Canterwood Blvd NW, Gig Harbor WA 98332
Scheduling (253) 530-2170 fax (253) 530-2178
- ❑ **St. Anthony Family Medicine** (Franciscan)
4700 Pt. Fosdick Drive NW, Suite 202, Gig Harbor WA 98335
Scheduling (253) 858-9192 fax (253) 857-1489
- ❑ **St. Anthony Prompt Care** (Franciscan)
4700 Point Fosdick Drive, Suite 102, Gig Harbor WA 98335
Rad Tech (253) 857-1409 fax (253) 853-2711
- ❑ **MultiCare Medical Imaging at Gig Harbor Medical Park**
4545 Pt. Fosdick Dr. NW, Suite 135, Gig Harbor WA 98335
(253) 792-6220, toll free (866) 268-7223, fax (253) 792-6230
- ❑ **MultiCare Women's Health & Wellness Center at Gig Harbor Medical Park - Mammography**
4545 Pt. Fosdick Dr. NW, Suite 130, Gig Harbor WA 98335
(253) 792-6220, toll free (866) 268-7223, fax (253) 792-6230

Enumclaw

- ❑ **St. Elizabeth Hospital** (Franciscan)
1455 Battersby Avenue, Enumclaw, WA 98022
(360) 802-3223/3224 fax (360) 802-3225

Federal Way

- ❑ **CDI Federal Way**
33801 1st Way S, Suite 101, Federal Way WA 98003
(253) 942-7226 scheduling, 1-866-942-7226
fax (253) 942-3517
- ❑ **Medical Imaging on 1st** (Franciscan & TRA)
Maplewood Office Building
33915 1st Way S, Suite 130, Federal Way WA 98003
(253) 815-1231, (877) 414-6444 fax (253) 815-1225
- ❑ **The Women's Health & Breast Center at St. Francis Medical Pavilion** (Franciscan)
34503 9th Avenue South, Suite 320, Federal Way WA 98003
(253) 944-4025 fax (253) 944-4074
- ❑ **St. Francis Hospital Dept of Radiology** (Franciscan)
34515 9th Avenue South, Federal Way WA 98003
(253) 944-4133 fax (253) 944-7557
- ❑ **St. Francis Outpatient Center** (Franciscan)
34515 9th Avenue South, Federal Way WA 98003
(253) 944-4133 fax (253) 944-7557

Lakewood

- ❑ **CDI Lakewood**
7308 Bridgeport Way SW, Suite 101, Lakewood WA 98499
(253) 682-1666 scheduling, 1-866-942-7226
fax (253) 682-1667
- ❑ **St. Clare Specialty Center** (Franciscan)
11307 Bridgeport Way Southwest, Lakewood WA 98499
(253) 985-6395 fax (253) 985-2831
- ❑ **St. Clare Hospital Dept of Radiology** (Franciscan)
11315 Bridgeport Way Southwest, Lakewood WA 98499
(253) 985-6395 fax (253) 985-2831
- ❑ **TRA Medical Imaging-Lakewood**
5919 100th Street Southwest, Lakewood WA 98499
scheduling (253) 761-4200 (866) 761-4200
scheduling fax (253) 761-4201

Bonney Lake

Diagnostic Imaging Northwest

- ❑ **Bonney Lake Imaging Center**
21110 SR 410 East, Suite 110, Bonney Lake, WA 98391
(253) 841-4353 fax (253) 446-3973
- ❑ **Bonney Lake Imaging Center on Prairie Road**
10004 - 204th Ave East, Suite 2600, Bonney Lake, WA 98391
(253) 841-4353 fax (253) 446-3973

Puyallup

Diagnostic Imaging Northwest

- ❑ **Puyallup Imaging Center**
222 15th Avenue Southeast, Puyallup WA 98372
(253) 841-4353 fax (253) 446-3973
- ❑ **Sunrise Imaging Center**
11212 Sunrise Blvd. East, Suite 200, Puyallup WA 98374
(253) 841-4353 fax (253) 446-3973
- ❑ **Good Samaritan Medical Office Building**
1450 - 5th Street Southeast, Suite 4600, Puyallup WA 98372
(253) 841-4353 fax (253) 446-3973
- ❑ **Meridian Bone Density Specialists (DEXA only)**
11019 Canyon Road East, Puyallup WA 98373
(253) 536-2972 fax (253) 826-4558
- ❑ **MultiCare Good Samaritan Hospital Imaging Services**
401 15th Avenue Southeast, Puyallup WA 98371
(253) 792-6220, toll free (866) 268-7223, fax (253) 792-6230
- ❑ **Sound Medical Imaging**
12615 Meridian Ave East, Suite 3, Puyallup WA 98373
(253) 435-5195 fax (253) 435-5482