

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# _____ - _____ - _____

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) _____ / _____ / _____

PRIOR EXAMS:

_____ Date of Service _____ Facility Location _____

LABS REQUIRED FOR IV CONTRAST STUDIES

Common Exams

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

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

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

Fluoroscopy

- Esophagram (Barium Swallow)
- Upper GI
- Small Bowel
- Barium Enema with air contrast
- IVP VUCG
- Arthrogram joint _____
- Other** (Specify) _____

Bone Densitometry (DEXA)

- Spine & Femur
- Other** (Specify) _____

Mammography

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

Ultrasound

- It** **rt** **bilat** Breast
- Vascular (Specify) _____
- AAA Screen (Medicare only)
- Cardiac Echo
- Abdomen-Complete
- Abdomen-Limited (Specify) _____
- Soft Tissue (Specify) _____
- Renal
- Pelvic (transabdominal &/or transvaginal as needed for diagnostic visualization)
- Pelvic transvaginal only / Doppler
- OB LMP _____ / _____
 ___ Multiple ___ High Risk ___ Follow-up
- Biophysical Profile
- Thyroid
- 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) 403-1059 fax (253) 459-6232
- ❑ **C Building** - 3124 So. 19th Street, Suite 100, Tacoma WA 98405
(253) 301-5011, scheduling (253) 403-1059, fax (253) 403-1659
- ❑ **Frank S. Baker Center - Diagnostic Only**
316 Martin Luther King, Jr. Way, Suite 203, Tacoma WA 98405
(253) 403-5288 fax (253) 403-5250
- ❑ **Mary Bridge Children's Health Ctr Radiology - Diagnostic Only**
311 So. L Street, Tacoma WA 98405
(253) 403-9152 fax (253) 403-9153
- ❑ **Mary Bridge Children's Hospital**
315 Martin Luther King, Jr. Way, 3L, Tacoma WA 98405
(253) 403-1059 fax (253) 403-1659
- ❑ **Tacoma General**
315 Martin Luther King, Jr. Way, 3L, Tacoma WA 98405
(253) 403-1059 fax (253) 403-1659
- ❑ **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
Medical Records / clinic fax (253) 284-0622

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) 530-8033, scheduling (253) 530-8083 or (253) 403-1059,
fax (253) 530-8034
- ❑ **MultiCare Women's Health & Wellness Center at Gig Harbor Medical Park**
4545 Pt. Fosdick Dr. NW, Suite 130, Gig Harbor WA 98335
(253) 530-8122, scheduling (253) 403-1059, fax (253) 530-8126

Enumclaw

- ❑ **Enumclaw Regional Hospital** (Franciscan)
1450 Battersby Avenue, Enumclaw, WA 98022
(360) 802-3223/3224 fax (360) 802-3225

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

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
- ❑ **The Women's Health Center at St. Francis Medical Pavilion** (Franciscan)
34503 9th Avenue South, Suite 320, Federal Way WA 98003
(253) 944-4021 fax (253) 944-4023
- ❑ **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 clinic fax (253) 588-3870

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
- ❑ **Meridian Bone Density Specialists**
11019 Canyon Road East, Puyallup WA 98373
(253) 536-2972 fax (253) 826-4558
- ❑ **MultiCare Good Samaritan Hospital Imaging Services**
407 14th Avenue Southeast, Puyallup WA 98371
Exam Scheduling (253) 697-4550 fax (253) 697-4560
Toll Free Scheduling (866) 529-4550 fax (866) 529-4560
- ❑ **Sound Medical Imaging**
12615 Meridian Ave East, Suite 3, Puyallup WA 98373
(253) 435-5195 fax (253) 435-5482