

**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](http://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 \_\_\_\_\_

**Specialty Exams**

**Nuclear Medicine**

- Lung Scan
- Biliary (HIDA)
- Renal Scan (Specify) \_\_\_\_\_
- Cardiac Blood Pool (MUGA)
- Myocardial Stress Test and Rest
  - Treadmill
  - Adenosine
- Gastric Emptying Study (GES)

- Bone Scan:
- Multiple  3-Phase  SPECT  
 (area of concern \_\_\_\_\_)
  - Whole Body
  - Thyroid:  Uptake & Scan  Scan Only
  - Venogram
  - 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): \_\_\_\_\_

**CT Scan** (contrast & 3D reconstruction as clinically indicated by radiologist); or \_\_\_no contrast

- Head  Sinuses  Abdomen  CTA Head
- Neck  Ltd. Sinus  Pelvis  CTA Neck
- C-spine  Landmark  Abdomen & Pelvis  CTA Chest
- T-spine  CT KUB  CTA Coronary
- L-spine  CT Colonography  CTA Abdomen
- L-spine  CT Enterography  CTA Abdomen & Pelvis
- Other (Specify)** \_\_\_\_\_  **CTA Other (Specify)** \_\_\_\_\_

**MRI Exam** (contrast & 3D reconstruction as clinically indicated by radiologist); or \_\_\_no contrast

- Brain  Orbits w/Brain
  - Face/Neck
  - Thyroid/Larynx
  - C-spine
  - T-spine
  - L-spine
  - Cardiac
  - Other (Specify)** \_\_\_\_\_
- Pacemaker: Y / N**
- Abdomen (Specify) \_\_\_\_\_
  - Pelvis
  - Enterography
  - MRCP
  - MRA (Specify) \_\_\_\_\_
- Extremity**
- w / joint arthrogram
  - It rt  Hand
  - It rt  Wrist
  - It rt  Elbow
  - It rt  Shoulder
  - It rt  Hip
  - It rt  Knee
  - It rt  Ankle
  - It rt  Foot
  - It rt  **Other (Specify)** \_\_\_\_\_

**Injections & Procedures**

- Diagnostic & Therapeutic Injection (Specify) \_\_\_\_\_
- Interventional Procedure (Specify) \_\_\_\_\_

**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

### 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 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
- ❑ **TRA Medical Imaging-on Union (MRI Only)**  
2502 South Union Avenue, Tacoma WA 98405  
scheduling (253) 761-4200 (866) 761-4200  
scheduling fax (253) 761-4201
- ❑ **Union Avenue Open MRI**  
2502 South Union Avenue, Tacoma WA 98405  
(253) 761-9482 fax (253) 759-6252  
Toll Free: (888) 276-3245 scheduling

## Gig Harbor

- ❑ **St. Anthony Hospital** (Franciscan)  
11567 Canterwood Blvd NW, Gig Harbor WA 98332  
Scheduling (253) 530-2170 fax (253) 530-2178
- ❑ **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
- ❑ **TRA Medical Imaging-Gig Harbor**  
4700 Point Fosdick Drive, Suite 110, Gig Harbor WA 98335  
scheduling (253) 761-4200 (866) 761-4200  
scheduling fax (253) 761-4201

## Enumclaw

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

## Federal Way

- ❑ **CDI Federal Way (MRI, CT, Pain Mgmt. Injections)**  
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 (High Field Open MRI & CT)**  
Maplewood Office Building  
33915 1st Way S, Suite 130, Federal Way WA 98003  
(253) 815-1231, (877) 414-6444 fax (253) 815-1225
- ❑ **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 (MRI, CT, Pain Mgmt. Injections)**  
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
- ❑ **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
- ❑ **Puyallup Nuclear Medicine Clinic**  
1011 East Main ("Blue Cube"), Suite 302, Puyallup WA 98372  
(253) 864-4917 fax (253) 841-2472
- ❑ **Sound Medical Imaging**  
12615 Meridian Ave East, Suite 3, Puyallup WA 98373  
(253) 435-5195 fax (253) 435-5482