

# RADIOLOGY REFERRAL FORM- THURSTON BREAST/COMMON

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

Patient Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_  
*(First, MI, Last)*

Phone: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_\_ Interpreter needed (language): \_\_\_\_\_

Notes: Height \_\_\_\_\_ Weight \_\_\_\_\_ Pregnant  Yes  No Allergies: \_\_\_\_\_

### Clinical History/Signs & Symptoms REQUIRED:

Signs/Symptoms: \_\_\_\_\_ Duration: \_\_\_\_\_

Cause (Hx, Trauma, etc.): \_\_\_\_\_ Area: \_\_\_\_\_

Is this due to an injury?  Yes  No If so, please specify:  MVA  LNI DOI: \_\_\_\_\_

### Appointment

Date: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Time: \_\_\_\_\_:\_\_\_\_\_

Call patient to schedule  Patient will call to schedule

### Prior Exams:

Date of Service \_\_\_\_\_ Facility Location \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Report

Call STAT ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Fax STAT ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Fax Routine ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Additional Report To: \_\_\_\_\_

Images:  CD ROM  Deliver to my office

Web PACS  Send with patient

CMC PACS  Providence PACS

### Insurance Information

Send copy of patient's insurance card when faxing this referral.

Insurance(s) \_\_\_\_\_

Claim # \_\_\_\_\_  
*(if applicable)*

Pre-Authorization # \_\_\_\_\_

### LOCATIONS

TRA Olympia - on Lilly

*Located in the Memorial Medical Plaza*

500 Lilly Road NE, Suite 160

Olympia, WA 98506

Phone: (360) 413-8383

Fax: (360) 413-8323

TRA Lacey - Corporate Center Campus

*X-RAY ONLY*

5210 Corporate Center Court SE, #C

Lacey, WA 98503

Phone: (360) 413-1755

Fax: (360) 413-1793

TOLL-FREE: (866) 761-4200

Tax ID: 91-0979582

www.tranow.com

### X-RAY

No appointment required.  
Specify additional views:

- Eye Detection Foreign Body
- Sinus Limited *(Waters)*
- Sinus Complete
- Skull Complete
- Facial Bones
- Nasal Bones
- Chest
- Chest Decub                   lt    rt    bilat
- Sternum
- KUB
- Abdomen
- Acute Abdomen Series
- Cervical Spine
- Lumbar Spine
- Thoracic Spine
- Scoliosis
- Pelvis only
- Pelvis w/Lateral Hip
- Hip                               lt    rt    bilat
- Bilateral Hips & Pelvis
- SI Joints                       lt    rt    bilat
- Ped Pelvis                    Frog Leg    Hips
- Sacrum/Coccyx
- AC Joints
- Ribs                           lt    rt    bilat
- Shoulder                   lt    rt    bilat
- Humerous                   lt    rt    bilat
- Elbow                       lt    rt    bilat
- Forearm                   lt    rt    bilat
- Wrist                       lt    rt    bilat
- Hand                       lt    rt    bilat
- Finger                      lt    rt    bilat
- Femur                       lt    rt    bilat
- Knee                       lt    rt    bilat
- Tib/Fib                     lt    rt    bilat
- Foot                       lt    rt    bilat
- Calcaneous (heel)       lt    rt    bilat
- Ankle                      lt    rt    bilat
- Toe                         lt    rt    bilat
- Other \_\_\_\_\_

### ULTRASOUND

- AAA Screen *(Medicare only- once a lifetime)*
- Abdomen- Complete
- Abdomen- Limited \_\_\_\_\_
- Renal
- Bladder Post-Void Residual
- Renal Artery Duplex
- Carotid Duplex
- LEV (Lower Extremity Venous) lt rt bilat
- Duplex Vascular Other \_\_\_\_\_
- Pelvic *(transabdominal &/or transvaginal as needed for diagnostic visualization)*
- Pelvic transvaginal only
- OB LMP \_\_\_\_\_
  - Multiple  High Risk  Follow-up
  - < 14 weeks complete  
*(transvaginal as needed for visualization)*
  - > 14 weeks complete
- OB Biophysical Profile
- OB Limited (AFI, Position) \_\_\_\_\_
- Nuchal Translucency LMP \_\_\_\_\_
  - w/ a <14 week OB
- Testicular/Scrotal
- Inguinal (Limited Abd)
- Thyroid/Neck
- Extremity non-vascular \_\_\_\_\_
- Infant                    Head    Hip    Spine
- Other \_\_\_\_\_

### BREAST IMAGING

Date of last Mammogram: \_\_\_\_\_

Screening Mammography    Uni    Bilat  
*(asymptomatic)*

Diagnostic Mammography    Uni    Bilat  
*(symptomatic)*

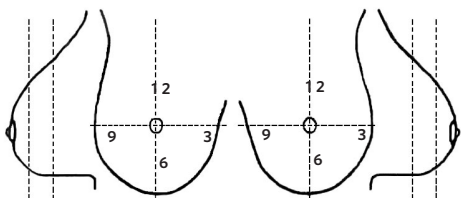
Breast Ultrasound            Wire Localization

US-Guided Biopsy            Cyst Aspiration

Ductogram

Document Palp Abn: \_\_\_\_\_

O'clock: \_\_\_\_\_ N+ \_\_\_\_\_



### BONE DENSITOMETRY (DEXA)

- Spine & Femur
- Pediatric DEXA
- Vertebral Fracture Assessment
- Other \_\_\_\_\_

Referring Provider Signature \_\_\_\_\_

*Required for exam*

# Exam Preparations

Carefully follow the instructions for your prescribed examination. If you have questions, please call (360) 413-8383.

## Ultrasound (US):

- ❑ **Abdominal Exam-** *Night before:* Fat free dinner; Non-fat liquids permitted until 6 hours prior to exam, then nothing by mouth
- ❑ **Kidney, Renal and Renal Artery-** *One hour prior to your exam:* Empty your bladder; Drink 16 ounces of water; Do not empty your bladder

### [OB]

- ❑ **Less than 14 weeks-** *One hour prior to your exam:* Empty your bladder; Drink 32 ounces of water; Do not empty your bladder
- ❑ **More than 14 weeks-** Do not empty your bladder for 1 hour prior to your appointment
- ❑ **Pelvic and/or Trans Vaginal-** *One hour prior to your exam:* Empty your bladder; Drink 32 ounces of water; Do not empty your bladder

## Mammography:

Do not wear powder, deodorant or lotion to exam

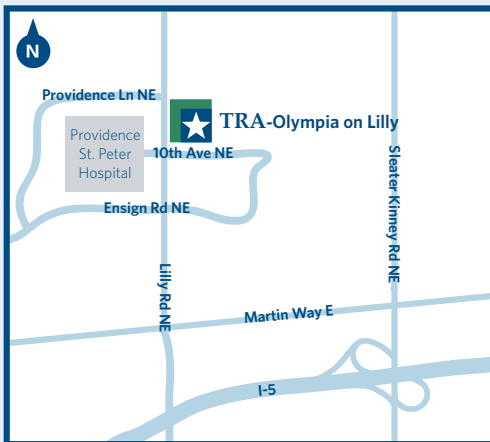
## X-Ray/Bone Densitometry:

No preparation

## DRIVING DIRECTIONS

### TRA Olympia - on Lilly

500 Lilly Road NE, Suite 160 | Olympia, WA 98506  
Located in Memorial Medical Plaza



#### Directions from the North

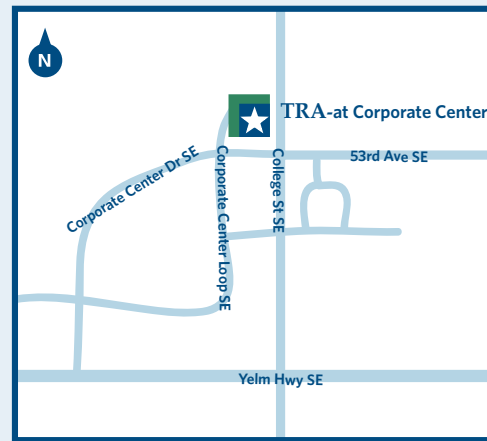
- Follow I-5 SOUTHBOUND
- Take EXIT 109 for MARTIN WAY (toward College St/Sleater-Kinney Rd N)
- Turn RIGHT at MARTIN WAY E
- Turn RIGHT at LILLY RD NE and drive 1 mile
- TRA-on Lilly is on the right in the Memorial Medical Plaza

#### Directions from the South

- Follow I-5 NORTHBOUND
- Take EXIT 107 for PACIFIC AVE
- Turn RIGHT at PACIFIC AVE E
- Take second LEFT onto LILLY RD SE
- TRA-on Lilly is on the right

### TRA Lacey - Corporate Center Campus

5210 Corporate Center Ct SE #C | Lacey, WA 98503  
X-ray only - no appointment needed



#### Directions from the North

- Follow I-5 SOUTHBOUND
- Take EXIT 109 for MARTIN WAY (toward College St)
- Turn RIGHT onto MARTIN WAY SE
- Turn LEFT at st cross street onto COLLEGE ST. SE
- Turn RIGHT onto CORPORATE CENTER DR SE
- Turn RIGHT at 1st cross street onto CORPORATE CENTER CT SE

#### Directions from the South

- Follow I-5 NORTHBOUND
- Take EXIT 101 for TUMWATER BLVD
- Turn LEFT onto HENDERSON BLVD SE
- Turn RIGHT onto YELM HWY SE
- Take 2nd exit at traffic circle and stay on YELM HWY
- Take 1st exit at traffic circle and stay on YELM HWY
- Turn LEFT onto CORPORATE CENTER DRIVE SE
- Turn LEFT onto CORPORATE CENTER CT SE