

RADIOLOGY REFERRAL FORM- THURSTON SPECIALTY

Date: _____ Referring Provider: _____

Patient Name: _____ D.O.B. _____
(First, MI, Last)

Phone: (____) ____ - _____ Interpreter needed (language): _____

Notes: Height _____ Weight _____ Allergies (contrast): _____

Creatinine/GFR: _____ / _____ Date Drawn: _____ Pregnant: Yes No

LABS REQUIRED FOR IV CONTRAST STUDIES

I authorize on-site creatinine/BUN (lab) testing if needed.

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 (_____) _____ - _____

Images:

CD ROM Deliver to my office

Web PACS Send with patient

CMC PACS Providence PACS

Additional Report To: _____

Insurance Information

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

Insurance(s) _____

Pre-Authorization # _____

Claim # _____ (if applicable)

LOCATION

TRA Olympia - on Lilly

Located in Memorial Medical Plaza

500 Lilly Road NE, Suite 160

Olympia, WA 98506

Phone: (360) 413-8383

Fax: (360) 413-8323

TOLL-FREE: (866) 761-4200

Tax ID: 91-0979582

www.tranow.com

CT-SCAN

NO contrast Contrast at radiologist discretion

Head

Maxillofacial Coronal Sinus

Orbits (IAC Post Fossa, temp bones)

Soft Tissue Neck Ltd. Sinus

C-spine LandmarX

T-spine Chest

L Spine Chest High Res

CT Low-dose Lung Screen

(Patient's **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 yrs.

At least 30 pack-year** history

**One pack-year = smoking one pack per day for one year; 1 pack = 20 cigarettes

Abdomen

Pelvis

Abdomen & Pelvis

CT KUB

CT IVP (urography)

CTA Pulmonary (PE)

CT Enterography

CTA Neck

CTA Head

CTA Head

CTA Abdomen

CTA Pelvis

CTA Abdomen & Pelvis

CTA Runoff

Extremity _____ lt rt

w/joint arthrogram

Other _____

MRI-EXAM

Patient has a Pacemaker

Patient has implanted device: _____

*Specify brand & model and/or year implanted

Patient may have metal in eye

Sedation for MRI (patient will need a driver)

NO contrast Contrast at radiologist discretion

Brain

C-spine

IACS

T-spine

TMJ

L-spine

Orbits w/Brain

Pelvis

Soft Tissue Neck

Abdomen

Pituitary

Enterography

Chest

MRCP

MRA _____

Other _____

Extremity w/joint arthrogram

Shoulder lt rt

rt

Elbow lt rt

rt

Wrist lt rt

rt

Hip lt rt

rt

Knee lt rt

rt

Ankle lt rt

rt

THERAPEUTIC INJECTION

Shoulder lt rt bilat

Elbow lt rt bilat

Wrist lt rt bilat

Hand lt rt bilat

Hip lt rt bilat

Foot lt rt bilat

FLUOROSCOPY

Barium Enema HSG

Esophagram HSG- Essure

Small Bowl Series

Upper G.I.

Other _____

BIOPSY

Thyroid FNA

Superficial Soft Tissue Mass

Lymph Node FNA

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.

Fluoroscopy:

Upper GI Series (UGI) and/or Small Bowel

Follow-Through: Do not eat, drink or smoke after midnight until your exam is complete.

Barium Enema Studies: Our office will provide more specific prepping instructions.

Hysterosonogram (HSG):

- Studies must be performed within 10 days of the first day of the menstrual cycle but after period is over and bleeding has stopped for at least 1 day.
- Patients should refrain from intercourse from the time your period begins until after the exam is performed. If there is any chance of pregnancy, a pregnancy test should be performed and result presented at procedure appointment.

CT scan:

All IV Contrast Exams: No food or drink for 4 hours prior to your scheduled exam

Abdominal/Pelvic CT Exams: Arrive one hour prior to your appointed time for the 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

DRIVING DIRECTIONS



Location Description:

We are located in the Memorial Medical Plaza that is across from St. Pete's Hospital (NOT the emergency entrance side). Enter the building through the main doors of the lower level and go to your left. Follow the hallway all the way down to the very end and you will run right into us

TRA Olympia - on Lilly

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

PHONE: (360) 413-8383

FAX: (360)413-8323

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, drive .8 mile
- TRA-on Lilly is on the right