RADIOLOGY REFERRAL FORM - SPECIALTY

TRA MEDICAL IMAGING

Appointment

Date: _____ Time: _____ ❑ Call patient to schedule ❑ Patient will call to schedule

Patient Information

Date: _____ Referring Provider: _____

Patient Name: _____ D.O.B.: _____

Phone: _____ Interpreter Needed (language): _____

Height: _____ Weight: _____ Pregnant: ❑ Yes ❑ No Allergies: _____

Clinic History (signs and symptoms REQUIRED)

Signs/Symptoms: _____

Duration: _____ Area: _____

Cause (Hx, Trauma, etc.): _____

Is this due to an injury? ❑ Yes ❑ No If yes, specify: ❑ MVA ❑ L&I ❑ DOI: _____

Prior Exams

Date: _____ Facility Location: _____

Date: _____ Facility Location: _____

Report

Call STAT: (_____) _____ - _____

Fax STAT: (_____) _____ - _____

Fax Routine: (_____) _____ - _____

Additional Report to: _____

Images

❑ CD ROM
❑ Web PACS
❑ PACS
❑ Deliver to my office
❑ Send with patient

Insurance Information *(Send copy of patient's insurance card when faxing this referral)*

Insurance(s): _____

Claim # (if applicable): _____

Pre-Authorization #: _____

CT SCAN

❑ **No contrast** ❑ **Contrast (at radiologist discretion)**

❑ Head
❑ Soft Tissue Neck
❑ Orbits (IAC Post Fossa, temp bones)
❑ LandmarX / Steath
❑ Maxillofacial / Sinus
❑ C-spine
❑ T-spine
❑ L-spine
❑ Chest
❑ Chest High Resolution
❑ Cardiac Calcium Score
❑ Low-dose Lung Screen (patients must meet all criteria below to qualify)
  ❍ Age 50-80 (Medicare only approves up to 77 years of age)
  ❍ Active smoker or quit less or equal to 15 years
  ❍ At least 20 pack-year history (one pack-year = smoking one pack per day for one year; 1 pack =20 cigarettes)
❑ Abdomen
❑ Abdomen and Pelvis
❑ CT Enterography
❑ CT IVP (Urogram)
❑ CT KUB
❑ CTA Head
❑ CTA Neck
❑ CTA Abdomen
❑ CTA Abdomen and Pelvis
❑ CTA Pelvis
❑ CTA Runoff
❑ Extremity _____ L R ❍ with joint arthrogram
❑ Pelvis
❑ Other _____

MRI EXAM

❑ **No contrast** ❑ **Contrast (at radiologist discretion)**

❑ Patient may have metal in eye (perform x-ray for determination of foreign body if needed)
❑ Patient has pacemaker
❑ Patient has implanted device: _____
(make / model / year / facility)

❑ Brain
❑ Orbits
❑ Orbits with Brain
❑ IAC Screening
❑ IAC with brain
❑ Face/Neck
❑ Soft Tissue Neck
❑ Pituitary
❑ C-spine
❑ T-spine
❑ L-spine
❑ Abdomen: _____
❑ Pelvis: _____
❑ Enterography
❑ MRCP
❑ MRA: _____
❑ Extremity ❍ with joint arthrogram
  ❍ Ankle L R
  ❍ Elbow L R
  ❍ Hip L R
  ❍ Knee L R
  ❍ Shoulder L R
  ❍ Wrist L R
❑ Other: _____

INJECTIONS AND INTERVENTIONAL PROCEDURES

❑ Diagnostic and Therapeutic Injection: _____

❑ Interventional Procedure: _____

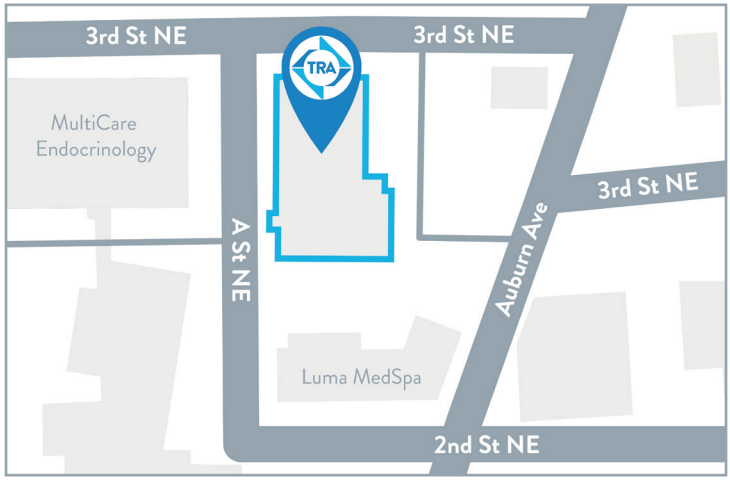
❑ Patient Consultation, Evaluate, and Treat: _____

Referring Provider Signature (Required for exam) → _____

LOCATIONS

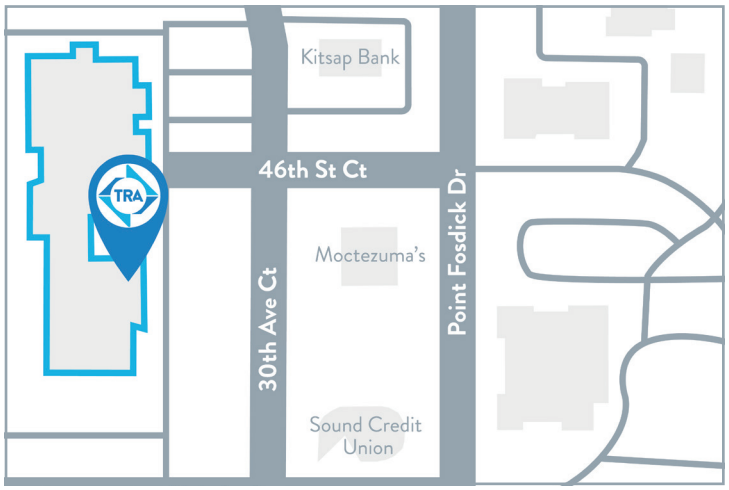
❑ TRA Auburn

122 3rd St NE Ste 101A, Auburn WA 98002



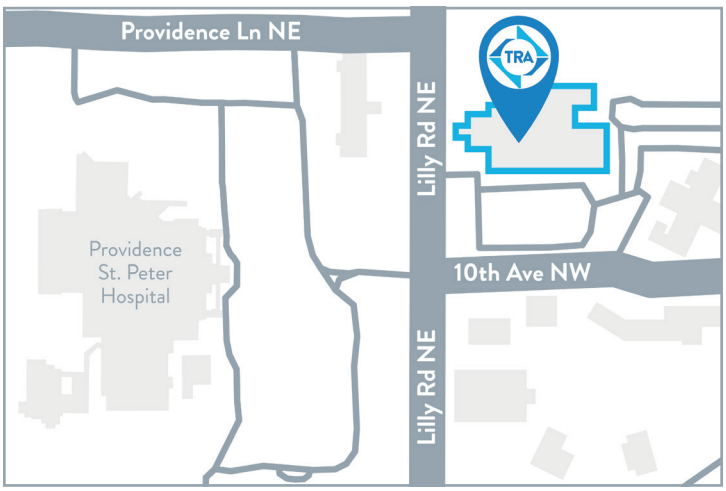
❑ TRA Gig Harbor

4700 Point Fosdick Dr NW Ste 110, Gig Harbor WA 98335



❑ TRA Olympia - on Lilly

Memorial Medical Plaza, 500 Lilly Rd NE Ste 160, Olympia WA 98506



EXAM PREPARATIONS

CT Scan

❑ **All IV Contrast Exams:** no food for four hours prior to scheduled exam. Clear liquid up to appointment time is permitted.

❑ **Abdominal/Pelvic CT Exams:** arrive one hour prior to appointed time for exam preparation.

MRI

Notify us prior to your appointment if you have the following:

❑ Pacemaker

❑ Electronic device or metallic implant

❑ Brain aneurysm clip

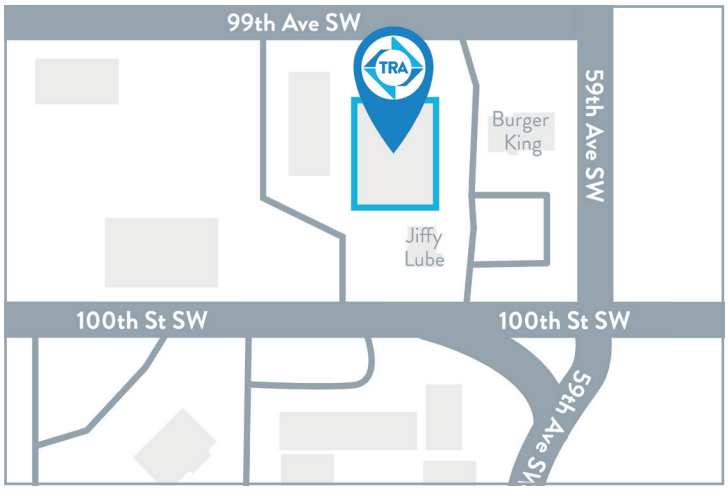
❑ Heart valve replacement

❑ Stent

❑ Metal eye injury

❑ TRA Lakewood

5919 100th St SW, Lakewood WA 98499



❑ TRA Tacoma - on Union / Union Avenue Open MRI

2502 S Union Avenue, Tacoma WA 98405

Pierce County Phone: 253-761-4200
Pierce County Fax: 253-761-4201
Thurston County Phone: 360-413-8383
Thurston County Fax: 360-413-8323
tranow.com