

# SPECIALTY EXAMS

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) \_\_\_\_\_ DOB \_\_\_\_\_  
Patient Home Phone \_\_\_\_\_ Cell \_\_\_\_\_  
SSN \_\_\_\_\_ Translator Needed (language) \_\_\_\_\_

Written Diagnosis/Reason/Symptom for Exam(s) **REQUIRED**

ICD-10 CODE: \_\_\_\_\_ ICD-10 CODE: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Allergies: \_\_\_\_\_

Creatinine / GFR \_\_\_\_\_ / \_\_\_\_\_ Date drawn: \_\_\_\_\_

**LABS REQUIRED FOR IV CONTRAST STUDIES**  I authorize on-site creatinine if needed

## PRIOR EXAMS

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

Other last name: \_\_\_\_\_

## Appointment:

Date \_\_\_\_\_ Check-in Time \_\_\_\_\_

Appointment Time \_\_\_\_\_

Call patient to schedule

Patient will call to schedule

## Reports:

Call STAT \_\_\_\_\_

Fax STAT \_\_\_\_\_

Fax Routine \_\_\_\_\_

Images:  CD ROM  Web PACS

Send with patient  Send to provider

## Additional Reports to PCP:

\_\_\_\_\_

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

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

Injury Date \_\_\_\_\_ Claim # \_\_\_\_\_



**DIAGNOSTIC IMAGING  
NORTHWEST**

An Alliance of TRA Medical Imaging and MultiCare Health System

Scheduling: **253-841-4353**

FAX: **253-446-3973**

**Locations:** (See maps on back)

Tax ID 26-1166816

## CT Scan

No Contrast  Contrast at radiologist discretion

Head

Neck

C-spine

T-spine

L-spine

Scoliosis

Ltd. Sinus

Chest

Abdomen

Pelvis

Abdomen & Pelvis

CT KUB

CT Enterography

CTA Head

CTA Neck

CTA Chest

CTA Abdomen

CTA Abdomen & Pelvis

CTA Pelvis

Other (Specify) \_\_\_\_\_

## MRI EXAM

No Contrast  Contrast at radiologist discretion

Patient has a Pacemaker / or implanted device

Patient may have metal in eye

Brain

Orbits w/ Brain

Face/Neck

C-spine

L-spine  T-spine

Other (Specify) \_\_\_\_\_

Abdomen

Pelvis

Enterography

MRCP

MRA (Specify) \_\_\_\_\_

## Extremity

w / joint arthrogram

lt rt  Hand

lt rt  Wrist

lt rt  Elbow

lt rt  Shoulder

lt rt  Hip

lt rt  Knee

lt rt  Ankle

lt rt  Foot

lt rt  Other (Specify) \_\_\_\_\_

## INJECTIONS & PROCEDURES

Diagnostic & Therapeutic Injection (Specify) \_\_\_\_\_

Interventional Procedure (Specify) \_\_\_\_\_

## REFERRING PROVIDER SIGNATURE





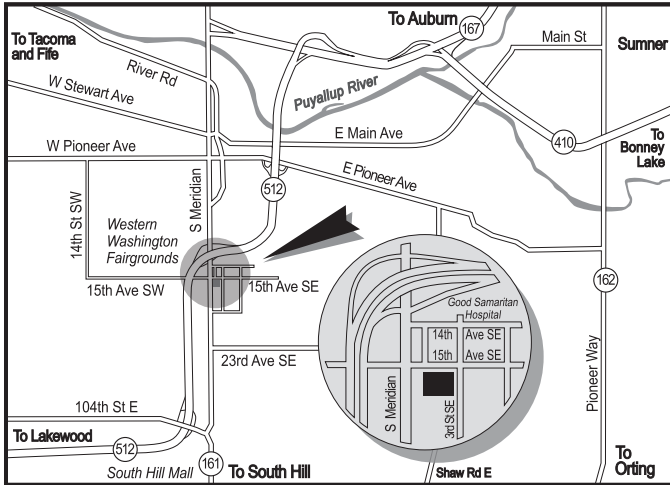
# DIAGNOSTIC IMAGING NORTHWEST

An Alliance of TRA Medical Imaging and MultiCare Health System

## PUYALLUP IMAGING CENTER

222 15th Avenue SE | Puyallup, WA 98372

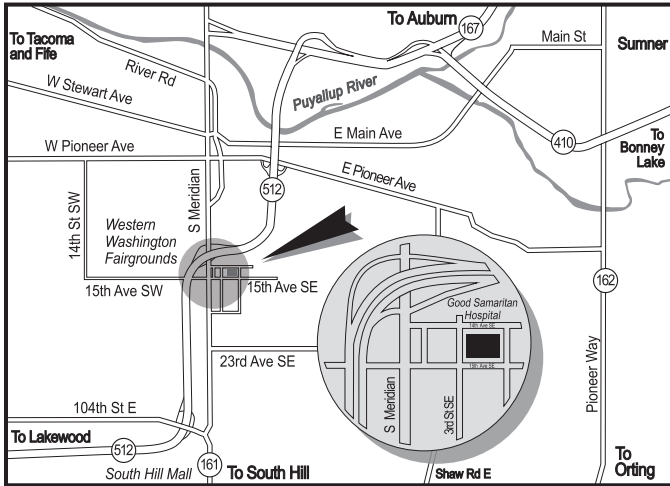
**SERVICES AT THIS LOCATION:** MRI, CT, Ultrasound, X-ray, DEXA (Bone Density Scan), Mammography, Stereotactic Breast Biopsy, Breast MRI, Guided Biopsy, Fluoroscopy, Creatinine Lab Services; and IV Hydration for low GFR patients requiring CT IV contrast imaging



## GOOD SAMARITAN MEDICAL BUILDING

1450 5th St. SE, Suite 4600 | Puyallup, WA 98372

**SERVICES AT THIS LOCATION:** X-ray



**Patient's Appt. Date:** \_\_\_\_\_

**Time:** \_\_\_\_\_

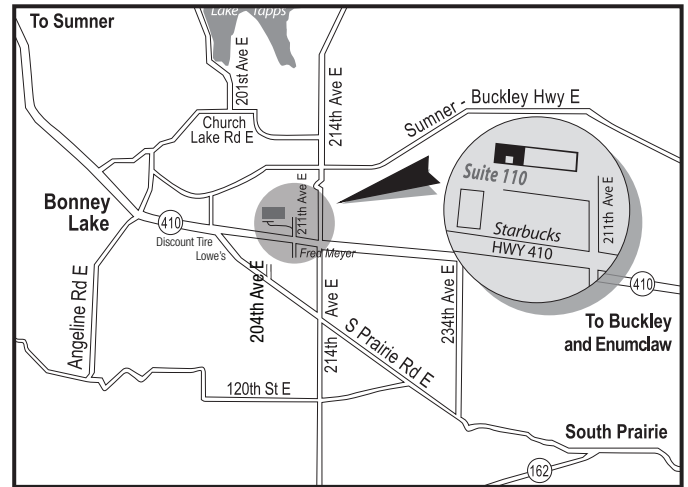
**Scheduling and Information:** (253) 841-4353

**Scheduling Fax:** (253) 446-3973

## BONNEY LAKE IMAGING CENTER

21110 SR 410 East, Suite 110 | Bonney Lake, WA 98391

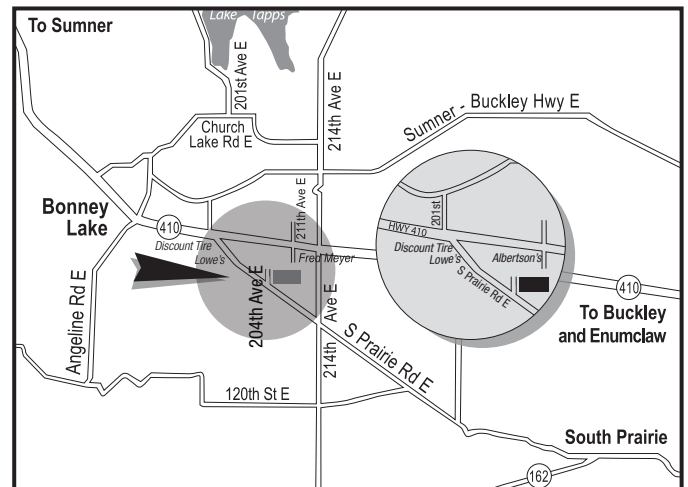
**SERVICES AT THIS LOCATION:** MRI, CT, Ultrasound, Mammography, DEXA (Bone Density Scan), and Creatinine Lab Services **(NO X-RAY AT THIS LOCATION)**



## BONNEY LAKE MEDICAL BUILDING

10004 204th Avenue E. Suite 2600 | Bonney Lake, WA 98391

**SERVICES AT THIS LOCATION:** X-ray



## SUNRISE IMAGING CENTER

11212 Sunrise Blvd. E, Suite 200 | Puyallup, WA 98374

**SERVICES AT THIS LOCATION:** MRI, CT, Ultrasound, X-ray, Digital Mammography, DEXA (Bone Density Scan), and Creatinine Lab Services

