

COMMON EXAMS

This form is part of the patient's medical records and must be completed for referral

Date of Referral _____ Referring Provider Name _____

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

Patient Home Phone # (_____) _____ Cell (_____) _____

SS# _____ Translator Needed (language) _____

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

- STAT ASAP
- Routine
- Expected Date _____

Radiologist can change order per protocol, unless box is checked

CPT CODE: _____ ICD-10 CODE: _____

PRIOR EXAMS

Date of Service _____ Facility Location _____
Other Last Name _____

X-RAY NO APPOINTMENT NECESSARY

Specify additional views:

- Chest
- Sinuses
- Cervical Spine
- Thoracic Spine
- Lumbar Spine
- Scoliosis
- KUB
- Abdomen Series
- Pelvis only
- Pelvis w/Lateral Hip **lt rt bilat**
- Hips **lt rt bilat**
- Shoulder **lt rt bilat**
- Ribs **lt rt bilat**
- Elbow **lt rt bilat**
- Forearm **lt rt bilat**
- Wrist **lt rt bilat**
- Hand **lt rt bilat**
- Finger **lt rt bilat**
- Knee **lt rt bilat**
- Tib / Fib **lt rt bilat**
- Ankle **lt rt bilat**
- Foot **lt rt bilat**
- Toe **lt rt bilat**
- Other _____ **lt rt bilat**

BONE DENSITOMETRY (DEXA)

- Spine & Femur
- Other (Specify): _____

MAMMOGRAPHY

PLEASE USE THE BREAST IMAGING ORDER FORM

ULTRASOUND

- Vascular (Specify) _____
 - Arterial Venous
- AAA Screen (Medicare PPE Exam)
- Abdomen – Complete
- Abdomen – Limited (Area of Interest?) _____
- Superficial Soft Tissue (Area of Interest?) _____
- Extremity **lt rt** (Specify) _____
- Renal
- Pelvic (transabdominal &/or transvaginal as needed for diagnostic visualization)
- Pelvic – Limited (Specify) _____
- OB _____ Multiple _____ High Risk
 - _____ Follow-up _____ Limited
 - < 14 weeks complete (transvaginal as needed for visualization)
 - > 14 weeks complete
- Biophysical Profile
- Thyroid / Neck
- Testicular / Doppler
- Other** (Specify) _____

FLUOROSCOPY

- Esophagram (Barium Swallow)
- Upper GI IVP
- Small Bowel
- Barium Enema W/Air Contrast
- Arthrogram
- Other: _____

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 #: _____



Medical Imaging

Scheduling:
Phone: 253-792-6220 • Toll Free: 866-268-7223
Fax: 253-792-6230

Referring Provider Signature (required for exam): _____

MultiCare Medical Imaging Locations

AUBURN

Auburn Diagnostic Imaging Services
125 3rd St. NE # 300 Auburn, WA 98002
Phone: 253-886-5307 • Fax: 253-886-5326

Auburn Medical Center
202 N. Division St. Auburn, WA 98001
Phone: 253-792-6220 • Fax: 253-792-6230

BONNEY LAKE

Diagnostic Imaging Northwest
21110 SR 410 East, Suite 110, Bonney Lake, WA 98391
Phone 253-841-4353 • Fax 253-446-3973

Diagnostic Imaging Northwest
10004 - 204th Ave. East, Suite 2600, Bonney Lake, WA 98391
Phone 253-841-4353 • Fax 253-446-3973

COVINGTON

MultiCare Covington Clinic
17700 SE 272nd St., Suite 145 Covington, WA 98042
Phone: 253-792-6220 • Fax: 253-792-6230

GIG HARBOR

MultiCare Gig Harbor Medical Park
4545 Pt. Fosdick Dr., Suite 135, Gig Harbor, WA 98335
Phone 253-792-6220 • Toll free 866-268-7223
Fax 253-792-6230

KENT

MultiCare Kent Clinic
222 State Ave. N Kent, WA 98030-4544
Phone: 253-792-6220 • Fax: 253-792-6230

PUYALLUP

Diagnostic Imaging Northwest
222 15th Ave. SE, Puyallup, WA 98372
Phone 253-841-4353 • Fax 253-446-3973

Diagnostic Imaging Northwest
11212 Sunrise Blvd. E, Suite 200, Puyallup, WA 98374
Phone 253-841-4353 • Fax 253-446-3973

Good Samaritan Hospital
401 15th Ave. SE, Puyallup WA, 98371
Phone 253-792-6220 • Toll free 866-268-7223
Fax 253-792-6230

TACOMA

Allenmore Medical Center
Hospital: 1901 S. Union Ave., Tacoma, WA 98405
Phone 253-792-6220 • Toll free 866-268-7223
Fax 253-792-6230
C Building: 3124 S. 19th Street, Suite 100, Tacoma, WA 98405
253-792-6220, Toll free 866-268-7223 • Fax 253-792-6230

Mary Bridge Children's Outpatient Center
311 South L Street, Tacoma, WA 98405
Phone: 253-403-9152 • Fax: 253-403-9153

MultiCare Tacoma General Hospital
& Mary Bridge Children's Hospital
315 Martin Luther King, Jr. Way, 3L, Tacoma, WA 98405
Phone 253-792-6220 • Toll free 866-268-7223
Fax 253-792-6230

Carol Milgard Breast Center
4252 S. 19th St. Tacoma, WA 98405
Phone: 253-759-2622 • Toll free 866-758-2622
Fax: 253-572-4324