

Radiology Referral

DOCTOR'S SIGNATURE REQUIRED

Please instruct the patient to bring this referral and insurance card(s) the day of the exam.



Northwest Radiology Group, LLC

Located in Memorial Medical Plaza

500 Lilly Road NE, Suite 160

Olympia, WA. 98506

Phone: (360) 413-8383

Fax: (360) 413-8323

Patient Name		Date of Birth	Daytime Phone	Sex
Insurance Co.	Policy No.	Group No.	Policy Holder's Name (If different)	
Order Date	Appointment Date	Appointment Time	Location <input type="checkbox"/> Olympia Full Service <input type="checkbox"/> Tumwater X-Ray & Mammo <input type="checkbox"/> Lacey X-Ray Only	
Referring Physician Name (Printed)		Referring Physician Signature (Required)		
Report Priority	<input type="checkbox"/> Routine - Fax <input type="checkbox"/> Stat - Fax #: _____ <input type="checkbox"/> Stat - Call #: _____			
Additional copies and/or Instructions				
Clinical Indication (Required)			ICD-9 Code(s)	
Signs and Symptoms (Required)			Preauthorization #	

Requested Exam: Please select the appropriate procedure from the list below or write the procedure in the space provided.

MR OR CT CONTRAST AT RADIOLOGIST'S DISCRETION

DIAGNOSTIC X-RAY		MRI *	
Type	Options (Circle)	Type	Contrast (Circle)
Abdomen 2v		Abdomen	W W/O W/WO
Acute Abdomen Series		Brain	W W/O W/WO
Ankle:	L R Bi-Lat	C-Spine	W W/O W/WO
Cervical 3v		Lower Extrim Joint Specify:	
Cervical w/ Flex & Exten		Lumbar Spine	W W/O W/WO
Cervical w/ Oblique		MRA :	<input type="checkbox"/> C.o.W. <input type="checkbox"/> Carotid <input type="checkbox"/> Other
Chest - Decub	L R Bi-Lat	Nasal Bones	MRCP
Chest - PA & Lateral 2v		Orbits (MRI Screening foreign body)	CT *
Chest - PA 1v		Ped Pelvis w/ Frogleg Hips	Abdomen
Clavicle:	L R Bi-Lat	Pelvis	Abd / Pelvis
Coccyx Sacrum		Ribs:	Angio Runoff
Elbow:	L R Bi-Lat	Shoulder:	Brain
Femur:	L R Bi-Lat	SI Joints	Chest
Finger - Specify Digit:	L R	Sinus Series	Chest - Hi-Res
Foot:	L R Bi-Lat	Thoracic Spine	C-Spine
Forearm:	L R Bi-Lat	Tibia & Fibula:	Coronal Sinus
Hand:	L R Bi-Lat	Toe - Specify Digit:	KUB
Hip:	L R Bi-Lat	Waters View (only)	Limited Sinus
Humerus:	L R Bi-Lat	Wrist:	
MAMMOGRAPHY		ULTRASOUND	
Screening Only	Diagnostic	Type	Options (Circle)
Other Imaging at Radiologist's discretion		Abdomen	Ltd or Comp
UROLOGY		FLUOROSCOPY	
Cystogram	Barium Enema	Bladder - Pre / Post Void	
IVP w/ Nephrotomograms	with Air Contrast	Breast	L R Bi-Lat
Voiding Cystourethrogram	Esophagram	Carotid	
BONE DENSITY		OB - 1st Tri < 14wks	EV if Necessary
Dexa	Small Bowel Series	OB - Biophysical Profile	
	Upper GI Series	OB - Complete > 14wks	

Other Examination (Please describe)

*** IMPORTANT:** Patients having a MR or CT exam w/ Contrast must provide a current creatinine level if they are diabetic, have renal disease or are over 60 years of age.

Northwest Radiology Group
 at Tumwater Family Practice
 150 Dennis St SW
 Tumwater, WA 98501

**PLEASE GIVE AT LEAST 24 NOTICE IF YOU
 ARE UNABLE TO KEEP YOUR APPOINTMENT**

Northwest Radiology Group
 Corporate Center Campus
 5210 Corporate Center Court SE #C
 Lacey, WA 98503