

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

Fax this form to 253-446-3973

Date of Referral _____

Referring Provider Name _____

Patient Name (First, MI, Last) _____

Patient D.O.B. _____

Patient SS# _____

Patient Phone: (please check best way to reach you)

home _____

work _____

cell _____

email: _____

REQUIRED

Written Diagnosis/Reason/Symptom for Exams

Medicare and other insurances require coding of specific/definitive diagnosis(es), sign(s) or symptom(s) to reflect the "medical necessity" for each test. **Rule out, Possible or Probable Conditions cannot be coded**

Notes: Height _____ Weight _____ Allergies _____

NON-INVASIVE VASCULAR DIAGNOSTIC STUDIES

Previous Vascular Studies

Diagnostic Imaging Northwest

Date _____

Good Samaritan Hospital

Date _____

MultiCare - Other

Date _____

Cascade Vascular

Date _____

Other _____

Date _____

Appointments:

Exam _____

Date _____

Time _____ am pm

Call STAT _____

Return patient to office with films

Send: CD ROM Films

Additional reports to:

Follow-up Appointment:

Date _____

PCP: _____

Name of insurance is required:

Insurance authorization # (if needed):

ARTERIAL

Carotid Artery Duplex

lt rt bilat

Upper Extremity Arterial Duplex

lt rt bilat

Renal Artery Duplex

lt rt bilat

Mesenteric-Splanchnic Artery Duplex

lt rt bilat

PATIENT PREPARATION

NPO after midnight. No chewing gum or smoking after midnight.

Abdominal Aortic-Iliac Duplex

lt rt bilat

PATIENT PREPARATION

NPO after midnight. No chewing gum or smoking after midnight.

Lower Extremity Arterial Duplex

lt rt bilat

Lower Extremity Arterial Segmental Eval/ABI's (PPG's)

lt rt bilat

VENOUS

Upper Extremity Venous Duplex

lt rt bilat

Lower Extremity Venous Evaluation for Thrombosis

lt rt bilat

Lower Extremity Venous Insufficiency Evaluation (PPG's)

lt rt bilat

Referring Provider Signature

[Required for Exam] →

RADIOLOGY ORDER FORM
THIS REFERRAL IS CONFIDENTIAL AND IS INTENDED SOLELY FOR THE USE OF THE MEDICAL PROVIDER NAMED ABOVE. IF YOU ARE NOT THE INTENDED RECIPIENT OR THE INTENDED RECIPIENT'S AGENT, AND HAVE RECEIVED THIS COMMUNICATION IN ERROR, NOTIFY SENDER IMMEDIATELY AND DESTROY THIS DOCUMENT.

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