

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**

Radiologist can change order per protocol, unless box is checked

CPT CODE: _____ ICD-10 CODE: _____

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**

FLUOROSCOPY

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

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) _____

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 #: _____

MultiCare 
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

MultiCare Auburn Health Center

202 Cross St. SE Auburn, WA 98002

Phone: 253.792.6220 • Fax: 253.792.6230

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 S.E. 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. NW, 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 Avenue Southeast, Puyallup, WA 98372

Phone 253.841.4353 • Fax 253.446.3973

Diagnostic Imaging Northwest

11212 Sunrise Blvd. East, Suite 200, Puyallup, WA 98374

Phone 253.841.4353 • Fax 253.446.3973

Good Samaritan Hospital

401 15th Avenue Southeast, Puyallup WA, 98371

Phone 253.792.6220, Toll free 866.268.7223

Fax 253.792.6230

TACOMA

Allenmore Medical Center

Hospital: 1901 South Union Avenue, Tacoma, WA 98405

Phone 253.792.6220, Toll free 866.268.7223

Fax 253.792.6230

C Building: 3124 So. 19th Street, Suite 100, Tacoma, WA 98405

253.792.6220, Toll free 866.268.7223 • Fax 253.792.6230

Mary Bridge Children's Health 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