

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)

D.O.B.: _____ - _____ - _____ Patient Phone #: (____) _____ - _____ (home) (____) _____ - _____ (work or cell)

Written Diagnosis/Reason/ICD-9/Symptoms for Exam(s) – REQUIRED

Medicare and other insurers 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.** For Medicare Policy information see the Part B Bulletin or www.noridian.com/medweb.

NOTES: Height _____ Weight _____ GFR/Creatinine (current, within 8 weeks) _____ / _____

Allergies: _____

PRIOR EXAMS:

_____ Date of Service _____ Facility Location _____

COMMON EXAMS **APPOINTMENTS:**

X-RAY No appointment required for x-ray (Auburn, Covington and Kent):

- Chest
 - Sinuses
 - Cervical Spine
 - Thoracic Spine
 - Lumbar Spine
 - Scoliosis
 - Abdomen Series
 - KUB
 - Pelvis Only
 - Lt Rt Bilat Hips
 - Lt Rt Bilat Ribs
 - Lt Rt Bilat Shoulder
 - Lt Rt Bilat Elbow
 - Lt Rt Bilat Wrist
 - Lt Rt Bilat Hand
 - Lt Rt Bilat Finger
 - Lt Rt Bilat Knee
 - Lt Rt Bilat Ankle
 - Lt Rt Bilat Foot or Toe
 - Lt Rt Bilat Other ___ view(s)
- Specify: _____

BONE DENSITOMETRY (Auburn, Covington):

- Spine & Femur
- Other (specify): _____

MAMMOGRAPHY (Auburn, Covington, screening only at Auburn, screening and diagnostic at Covington)

- Screening (no symptoms)
- Lt Rt Bilat
- Diagnostic
- (ultrasound if needed &/or recommended follow-up)
- Lt Rt Bilat Needle Loc
- Lt Rt Bilat Stereotactic Breast Biopsy
- Lt Rt Bilat Galactogram

ULTRASOUND (Auburn, Covington, Kent, Vascular Ultrasound at Auburn only)

- Lt Rt Bilat Breast (Auburn & Covington)
- Lt Rt Bilat Breast Cyst Aspiration (Covington)
- Lt Rt Bilat Guided Breast Biopsy (Covington)

- Aorta
- AAA Screen (Medicare Only)
- Abdomen
- Renal
- Pelvic (transabdominal &/or transvaginal as needed for diagnostic visualization)

- Pelvic transvaginal only / Doppler
- OB
- ___ Multiple ___ High Risk ___ Follow-up

- Biophysical Profile
- Thyroid
- Testicular / Doppler
- Thyroid BX
- Other (specify): _____

Exam: _____

M T W T F S Sn

Date: _____ - _____ - _____

Time: _____

Exam: _____

M T W T F S Sn

Date: _____ - _____ - _____

Time: _____

- Call patient to schedule
- Patient will call to schedule
- Call results STAT: (____) _____
- Fax results STAT: (____) _____
- Fax results Routine: (____) _____

Return Patient to the office w/films

Send CD ROM Films

Additional reports to:

PCP: _____

PCP authorization # (if needed):

Insurance authorization # (if needed):

Name of Insurance is Required:

Referring Provider Signature (Required for Exam): _____

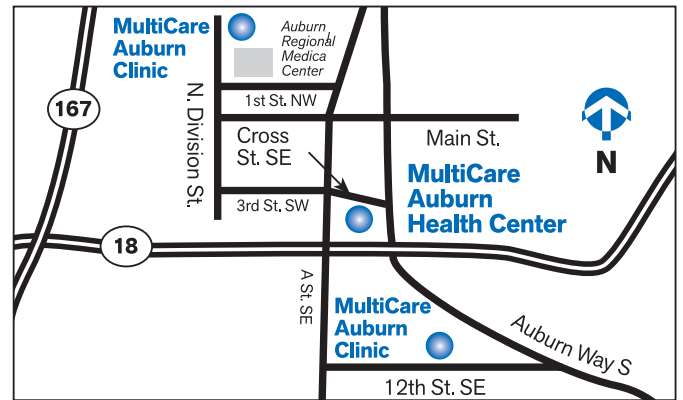
THIS REFERRAL IS CONFIDENTIAL AND IS INTENDED SOLELY FOR THE USE OF THE MEDICAL PROVIDER NAMED ABOVE. IF YOU ARE NOT THE INTENDED RECIPIENT OR THE INTENDED RECIPIENT'S AGENT, AND HAVE RECEIVED THIS COMMUNICATION IN ERROR, NOTIFY SENDER IMMEDIATELY AND DESTROY THIS DOCUMENT.

Fax: 253-372-7236

**SKC ROUTINE IMAGING
EXAM/REFERRAL FORM**
MultiCare 

Directions to the MultiCare Auburn Health Center:

The Auburn MultiCare Health Center is located at 202 Cross Street SE, near downtown Auburn. From Highway 18, take the Auburn Way exit. Turn right onto Auburn Way. Go under the highway and at the first stoplight, turn left onto Cross Street. The Auburn MultiCare Health Center will be on your left.



MultiCare Auburn Health Center

202 Cross Street SE • Auburn WA 98002

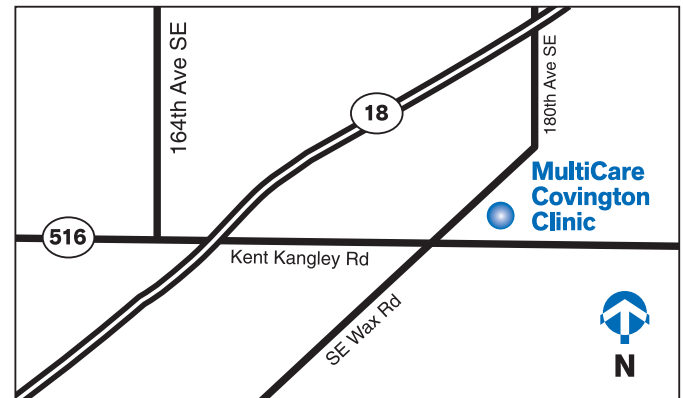
Phone: 253-876-8190

Scheduling: 253-372-7228

Fax: 253-372-7236

Directions to the MultiCare Covington Clinic:

From I-5, take Highway 18 east and exit at the SE 272nd St./Highway 516 exit. Turn right at the stoplight and continue to SE Wax Road. Turn left. The Covington MultiCare Clinic entrance is off SE Wax Road on the right.



MultiCare Covington Clinic Imaging

17700 SE 272nd St., Suite 145 • Covington WA 98042

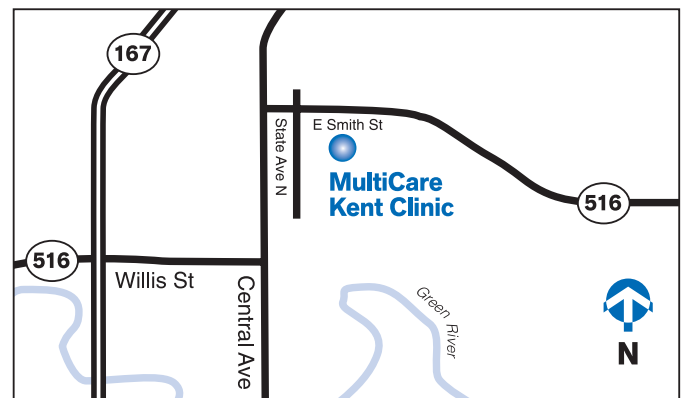
Phone: 253-372-7040

Scheduling: 253-372-7228

Fax: 253-372-7236

Directions to the MultiCare Kent Clinic:

From Highway 167 North, exit at Willis Street; turn right. From Highway 167 South, exit at Willis Street and turn left. Follow Willis east to Central Avenue and turn left. Continue on Central four blocks north to Smith Street and turn right. The Kent MultiCare Clinic will be one block up on your right, at the corner of Smith Street and State Avenue.



MultiCare Kent Clinic Imaging

222 State Street Ave. N • Kent, WA 98030

Phone: 253-372-7781

Scheduling: 253-372-7228

Fax: 253-372-7236