



# REFERRAL FORM

(360) 337-6500 + (800) 972-9264 + Fax (360) 662-5501

Please bring this form with you to your appointment

## PATIENT INFORMATION

Please bring picture ID and Insurance Card

Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_  M  F  
 Insurance \_\_\_\_\_ Authorization # \_\_\_\_\_ Today's Date \_\_\_\_\_  
 Referring Physician \_\_\_\_\_ Phone \_\_\_\_\_ Office Contact \_\_\_\_\_

## REPORTING

- Routine  Call Report # \_\_\_\_\_  Call Report/Patient Wait  Other  
 STAT  Fax Report # \_\_\_\_\_  Patient to Return with CD

**LABS:** Creatinine Results \_\_\_\_\_ Date \_\_\_\_\_ BUN Results \_\_\_\_\_ Date \_\_\_\_\_

MRI	CT	ULTRASOUND	X-RAY
Silverdale, Port Orchard & Bremerton <input type="checkbox"/> Contrast <input type="checkbox"/> No Contrast <input type="checkbox"/> Radiologist to Decide <b>Cardiac</b> <input type="checkbox"/> (Specify) _____ <b>Head &amp; Neck</b> <input type="checkbox"/> Brain <input type="checkbox"/> Orbits <input type="checkbox"/> Internal Auditory Canals <input type="checkbox"/> TMJ <input type="checkbox"/> Pituitary <input type="checkbox"/> Soft Tissue Neck <input type="checkbox"/> CSF Flow Study <b>Body/Trunk</b> <input type="checkbox"/> MRCP Abdomen <input type="checkbox"/> Chest <input type="checkbox"/> Breast <input type="checkbox"/> Pelvis <input type="checkbox"/> Abdomen <input type="checkbox"/> Bone Marrow <b>Spine</b> <input type="checkbox"/> Cervical <input type="checkbox"/> Thoracic <input type="checkbox"/> Lumbar <input type="checkbox"/> Sacral <b>Extremity</b> <input type="checkbox"/> (Specify) _____ <input type="checkbox"/> Arthrogram _____ <b>Neurogram</b> <input type="checkbox"/> Brachial Plexus <input type="checkbox"/> Lumbosacral Plexus <b>MR Angiogram (MRA)</b> <input type="checkbox"/> Brain <input type="checkbox"/> Carotid/Vertebral <input type="checkbox"/> Thoracic Aorta <input type="checkbox"/> Renal Arteries <input type="checkbox"/> Lower Extremity Runoff <input type="checkbox"/> Other _____ <b>MR Venogram (MRV)</b> <input type="checkbox"/> Brain <input type="checkbox"/> Pelvis <b>Other</b> <input type="checkbox"/> (Specify) _____	Silverdale & Port Orchard <input type="checkbox"/> Contrast <input type="checkbox"/> No Contrast <input type="checkbox"/> Radiologist to Decide <b>Head &amp; Neck</b> <input type="checkbox"/> Head <input type="checkbox"/> Temporal Bones <input type="checkbox"/> Orbits <input type="checkbox"/> Facial Bones <input type="checkbox"/> Sinus <input type="checkbox"/> Dental <input type="checkbox"/> Soft Tissue Neck <b>Body/Trunk</b> <input type="checkbox"/> Chest <input type="checkbox"/> High Resolution <input type="checkbox"/> Abdomen only <input type="checkbox"/> Pelvis only <input type="checkbox"/> Abdomen/Pelvis <input type="checkbox"/> CT-IVP <input type="checkbox"/> CT Enterography <input type="checkbox"/> CT Virtual Colonography <input type="checkbox"/> CT Renal Colic w/KUB <b>Spine</b> <input type="checkbox"/> Cervical <input type="checkbox"/> Thoracic <input type="checkbox"/> Lumbar <b>Extremity</b> <input type="checkbox"/> (Specify) _____ <b>CT Angiogram (CTA)</b> <input type="checkbox"/> Brain <input type="checkbox"/> Carotids <input type="checkbox"/> Pulmonary Arteries <input type="checkbox"/> Pulmonary Veins <input type="checkbox"/> Renal Arteries <input type="checkbox"/> Mesenteric Arteries <input type="checkbox"/> Cardiac <input type="checkbox"/> Thoracoabdominal Aorta <input type="checkbox"/> Abdominal Aorta & iliacs <input type="checkbox"/> Abdominal Aorta & LE Runoff <b>Other</b> <input type="checkbox"/> (Specify) _____	Silverdale & Port Orchard <b>Abdomen</b> <input type="checkbox"/> Abdomen <input type="checkbox"/> Kidneys & Bladder <input type="checkbox"/> Aorta & Retroperitoneum <input type="checkbox"/> Limited _____ (RUQ, RLQ, LUQ, LLQ) <input type="checkbox"/> AAA (Abdominal Aortic Aneurysm) <b>GYN</b> <input type="checkbox"/> Pelvic - With Endovaginal U/S as needed to visualize Anatomy <input type="checkbox"/> Hysterosonogram <b>OB</b> <input type="checkbox"/> Complete - With Endovaginal U/S as needed to visualize Anatomy <input type="checkbox"/> Limited <input type="checkbox"/> Neonatal Head <input type="checkbox"/> BPP <input type="checkbox"/> Nuchal Translucency <b>Vascular</b> <input type="checkbox"/> Carotid <input type="checkbox"/> Renal Artery Doppler <input type="checkbox"/> Venous Duplex <input type="checkbox"/> Upper Extremity <input type="checkbox"/> Lower Extremity <input type="checkbox"/> RT <input type="checkbox"/> LT <input type="checkbox"/> Bilateral <b>Other</b> <input type="checkbox"/> Thyroid <input type="checkbox"/> Scrotum <input type="checkbox"/> Infant Hips <input type="checkbox"/> Other _____	Silverdale & Port Orchard <input type="checkbox"/> Specify area:  Walk-ins welcome <b>FLUOROSCOPY</b> Silverdale only <input type="checkbox"/> Esophagram <input type="checkbox"/> Upper GI Series <input type="checkbox"/> Small Bowel Series <input type="checkbox"/> Barium Enema <input type="checkbox"/> Single contrast <input type="checkbox"/> Air contrast <input type="checkbox"/> Hysterosalpingogram <input type="checkbox"/> IVP <input type="checkbox"/> VCUG <b>Other</b> <input type="checkbox"/> (Specify) _____ <b>BONE DENSITOMETRY</b> Silverdale, Port Orchard & Poulsbo <input type="checkbox"/> DEXA <input type="checkbox"/> Vertebral Fracture Assessment-VFA <input type="checkbox"/> DEXA w/VFA
<b>Screening</b>	<b>Screening</b> <input type="checkbox"/> CT Low Dose Lung <input type="checkbox"/> Coronary Artery Calcium <input type="checkbox"/> with Hepatic Views	<b>Screening</b> <input type="checkbox"/> CIMT (carotid intimal medial thickness)	<b>Screening</b> <input type="checkbox"/> Body Composition Analysis

Written Diagnosis/Symptoms/Reason for Exam(s)

Referring Physician Signature (Required for Exam)

## Preparing for your exam or procedure

### MRI

Most exams require no preparation. If age 60 and older, lab work may be needed. Please call 360-337-6500. For a MRA chest and/or abdomen, nothing to eat or drink by mouth 4 hours prior to exam. For MRI abdomen, MRCP, nothing to eat or drink by mouth 6 hours prior to exam. For female pelvis, nothing to eat or drink 6 hours prior. For breast MRI, do not eat for 1-2 hours prior. If you must take medications, call 360-337-6500 for instructions.

For your exam, please wear loose and comfortable clothing. Once you arrive, you may be asked to change into the appropriate clothing for your exam, since metal objects may interfere with the quality of your study. If your exam requires a contrast agent or "dye" to enhance the appearance of certain tissues or blood vessels in the images, a small needle will be placed in a vein in your arm, and a contrast agent will be injected. **Please let us know in advance whether you have kidney failure, liver failure or transplant or whether you are or might be pregnant.**

### CT

Certain CT exams require the use of contrast. If you are having an exam that requires a contrast agent or "dye", you may be asked to avoid food or fluids for 4-8 hours before the test. If age 60 and older, lab work may be needed.

We will let you know if you need to follow these additional preparations: For CT abdomen and/or pelvis: no solid foods after midnight prior to your exam. Medications may be taken and clear liquids are allowed. For CT chest, head and neck: no solid food for 4 hours prior to your exam. Medication may be taken and clear liquids are allowed.

Drink plenty of fluids prior to your exam, unless you are told to do otherwise as part of your exam preparation.

For your exam, please wear loose and comfortable clothing. Once you arrive, you may be asked to change into the appropriate clothing for your exam, since metal objects may interfere with the quality of your study.

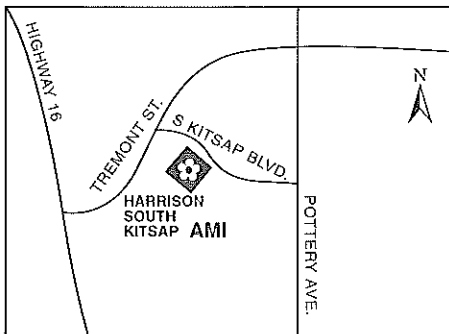
You may be asked to drink a liquid contrast agent upon arrival for exams of the abdomen and pelvis. If your exam requires an IV contrast agent, a small needle will be placed in a vein in your arm, and an iodine contrast agent will be injected. **Please let us know in advance if you have any allergies to iodine contrast, whether you are or might be pregnant, or if you are taking medication containing metformin, Glucophage, Glucovance, Avandamet or Metaglip.**

### Ultrasound

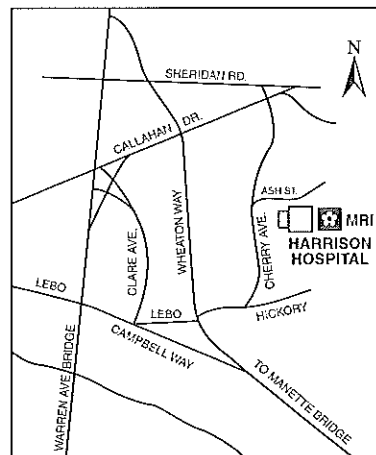
Preparation for your ultrasound study will depend upon the type of exam you are having:

- Abdomen, Liver, Gallbladder, Pancreas, and Aorta: DO NOT eat or drink 6 to 8 hours prior to your exam. Medications may be taken with a small amount of water.
- Pediatric Pelvic: Arrive with a full bladder. Do not empty your bladder.
- Kidneys: Drink two glasses of water 1 hour prior to your exam. Do not empty your bladder.
- No preparation is necessary for ultrasound of the thyroid, scrotum, hernia, blood vessels or musculoskeletal disorders.

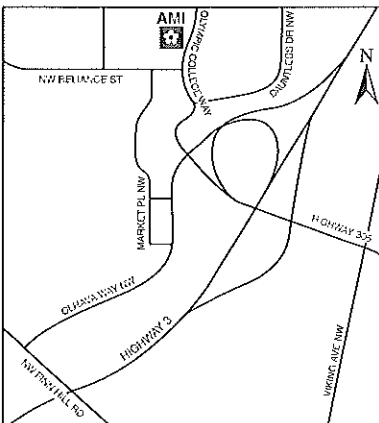
Preparation may vary for ultrasound-guided procedures. Please call to verify.



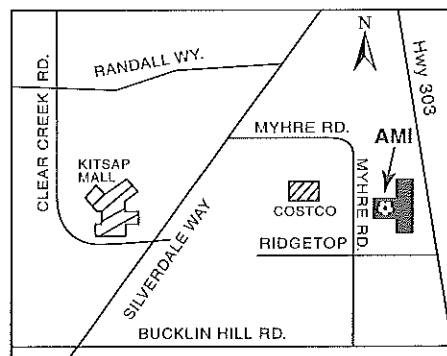
**PORT ORCHARD**  
450 S Kitsap Blvd  
Suite #110



**BREMERTON MRI**  
2530 Cherry Ave  
(behind Harrison Hosp)



**POULSBO**  
22180 Olympic College Way  
Suite #101



**SILVERDALE**  
1780 NW Myhre Rd  
Suite #1220