



Referral Form

Scheduling: 360-337-6500 or 1-800-972-9264 • **Scheduling Fax:** (360) 662-5501

Locations: 1780 NW Myhre Rd., #1220, Silverdale, WA 98383
2601 Cherry Ave., #105, Bremerton, WA 98310
2530 Cherry Ave., Bremerton, WA 98310 (Behind Harrison Hospital)
450 S Kitsap Blvd., #110, Port Orchard, WA 98366

PATIENT'S NAME _____ DOB _____ PHONE _____

APPOINTMENT DATE _____ DAY _____ TIME _____ SPECIAL NEEDS: WHEELCHAIR OTHER _____

SPECIAL INSTRUCTIONS _____

PREVIOUS RELATED EXAMS? NO YES WHERE? AMI HMH OTHER _____ CALLED FOR PLEASE CALL

REQUESTED BY _____ M.D. D.O. P.A. N.P. D.C. N.D.

PHONE REPORT # _____ SEND CD SEND FILM PATIENT TO RETURN ____ With Films ____ Without Films

ROUTINE, SEND REPORT _____ COPY OF REPORT TO _____ FAX REPORT # _____

EXAM REQUESTED (or check box below) _____

Clinical Information (Symptoms) _____

USE SEPARATE BREAST IMAGING REFERRAL FORM

ULTRASOUND

SILVERDALE, PORT ORCHARD

- Abdomen
- Limited Abdomen _____ Specify _____
- Retroperitoneal (Renal/Aorta)
- Pelvic ____ Complete ____ Endovag Only
- OB ____ Complete ____ Ltd
- Hysterosonogram
- Thyroid
- Carotid
- Venous Duplex ____ Rt ____ Lt ____ Bilat
- Testicular
- Neonatal Head
- Infant Hips
- Other _____

CT SCAN

SILVERDALE, PORT ORCHARD

- Chest High Resolution Chest
- Chest/Abdomen Abdomen
- Abdomen/Pelvis Pelvis
- Chest/Abdomen/Pelvis
- Head Neck
- Sinus ____ Complete ____ Limited
- Spine ____ Complete ____ Limited
- Extremities (Specify) _____
- CTA Cardiac Coronary Calcium Score
- Run-off CTA
- Other _____

MRI

- High-field Open MRI (Port Orchard)
 - High-field MRI (behind Harrison Med. Cntr. - Bremerton)
 - Low-field Open MRI (Silverdale)
 - Head - Attn. _____
 - Spine ____ Cervical ____ Thoracic ____ Lumbar
 - Hip ____ Rt ____ Lt
 - Knee ____ Rt ____ Lt
 - Shoulder ____ Rt ____ Lt
 - Pelvis Breast
 - MRA** (Specify) _____
- Special Attention To** _____

P.E.T.

- Other _____
 - P.E.T. at Silverdale location
- Call 360-337-6500 for specific referral forms

BONE DENSITOMETRY

- DEXA at Silverdale or Port Orchard locations
- VFA Vertebral Fracture Assessment

X-RAY / FLUOROSCOPY

SILVERDALE, BREMERTON, PORT ORCHARD

- Plain Films - Specify _____
- Fluoroscopy (Digital fluoro in Silverdale)**
- ____ Upper GI
- ____ UGI / Small Bowel (Allow 2-4 hrs.)
- ____ Small Bowel (Allow 2-4 hrs.)
- ____ Esophagram
- ____ Esophagram / Upper GI
- ____ Barium Enema ____ Air Contrast ____ Single Contrast
- ____ Swallowing Function (Sched. Through Speech Pathologist)
- ____ Other _____
- IVP**
- VCUG**

SPECIAL PROCEDURES

- Arthrogram (Specify) _____
- Lumbar Myelogram Hysterosalpingogram
- Thoracentesis Paracentesis
- Other _____

NUCLEAR MEDICINE

BREMERTON

- Myocardial Perfusion Scan - with Wall Motion / EF
- Cardiac Wall Motion / EF (MUGA)
- Bone Bone Spect 3 Phase
- ____ Total Body ____ Limited (Specify) _____
- Renal ____ Lasix ____ Captopril
- V / Q Lung
- Hepatobiliary ____ with GB Ejection Fraction
- Thyroid Uptake and Scan
- Thyroid Therapy
- Nuclear VCUG
- Other _____