



Medical Imaging on 1st

A Partnership of Franciscan Health System
and TRA Medical Imaging

MAIN (253) 815-1231 | TOLL FREE (877) 414-6444

www.medicalimagingon1st.com

Please schedule exam:

- STAT
- First Available
- Call Patient to Schedule

Medical Imaging on 1st
 33915 1st Way S, Suite 130
 Federal Way, WA 98003
 Fax: (253) 815-1225
 Tax ID: 264567949

Patient Information

Patient Name _____ Date of Birth _____ SSN (last 4 digits) _____
 Phone _____ Sex: M F (Is patient pregnant? Y N) Height _____ Weight _____
 Interpreter Needed (please list language) _____

Insurance Information

Send copy of patient's insurance card when faxing this referral
 Self Pay Contact to discuss Financial Assistance & Payment Plans
 Insurance (s) _____
 Pre-Authorization # (if needed) _____
 MVA L&I Injury Date _____ Claim # _____

Report/Film Request

Report:
 Routine
 STAT: Call _____
 CC report to: _____

Images:
 Web PACS
 CD
 Send with patient
 Deliver to my office

** Medical Imaging on 1st offers secure online access to patient reports and images.*

Symptoms/History REQUIRED

Area of Body _____ Diagnosis _____
 Symptoms/History _____
 Allergies (IV Contrast, eggs, latex, etc) _____
 Prior Exams _____ Facility _____

MRI and/or CT Only

- No contrast
- Contrast as clinically indicated by radiologist
- Previous Contrast Reaction
- BUN/Creatinine level: ____/____ date: ____/____/____
(valid 30 days, please send results)
- I authorize on-site Creatinine/BUN (lab) Testing if needed.
- Sedation for MRI (patient will need a driver)

Exam/Procedure Requested

<p>MRI</p> <input type="checkbox"/> Patient has Pacemaker <input type="checkbox"/> Patient has Implanted Device: <small>Specify brand & model and/or year implanted</small> <input type="checkbox"/> Patient may have metal in eye	<p>CT</p> <input type="checkbox"/> Head <input type="checkbox"/> Chest <input type="checkbox"/> Neck <input type="checkbox"/> Abdomen <input type="checkbox"/> C-spine <input type="checkbox"/> Pelvis <input type="checkbox"/> T-spine <input type="checkbox"/> Abdomen & pelvis <input type="checkbox"/> L-spine <input type="checkbox"/> KUB <input type="checkbox"/> Sinus <input type="checkbox"/> Colonography <input type="checkbox"/> Ltd. sinus <input type="checkbox"/> Enterography <input type="checkbox"/> Extremity _____ L R <input type="checkbox"/> _____	<p>X-Ray (no appointment necessary)</p> <input type="checkbox"/> Sinuses <input type="checkbox"/> Thoracic spine <input type="checkbox"/> Chest <input type="checkbox"/> Lumbar spine <input type="checkbox"/> Cervical spine <input type="checkbox"/> Scoliosis <input type="checkbox"/> Pelvis only <input type="checkbox"/> KUB <input type="checkbox"/> Abdomen series <input type="checkbox"/> Pelvis w/ lateral hip L R <input type="checkbox"/> _____	<p>Ultrasound</p> <input type="checkbox"/> Thyroid/neck _____ <input type="checkbox"/> Vascular _____ <input type="checkbox"/> Abdomen- complete _____ <input type="checkbox"/> Abdomen- ltd _____ <input type="checkbox"/> Hernia protocol _____ <input type="checkbox"/> Extremity L R _____ <input type="checkbox"/> Renal <input type="checkbox"/> Pelvic (transabdominal, doppler or transvaginal as needed) <input type="checkbox"/> Pelvic transvaginal only <input type="checkbox"/> OB 1st Trimester <14wks <input type="checkbox"/> OB 2nd Trimester > 14 wks <input type="checkbox"/> OB BPP <input type="checkbox"/> Testicular / doppler <input type="checkbox"/> _____
<p>MR Angiogram/Venous</p> <input type="checkbox"/> Abdomen <input type="checkbox"/> Neck <input type="checkbox"/> Head <input type="checkbox"/> Pelvis <input type="checkbox"/> _____	<p>CT Angiogram</p> <input type="checkbox"/> Head <input type="checkbox"/> Neck <input type="checkbox"/> Chest <input type="checkbox"/> Abdomen <input type="checkbox"/> Abdomen & pelvis <input type="checkbox"/> Run-off <input type="checkbox"/> _____	<p>Extremity: L R bilat</p> <input type="checkbox"/> Hips <input type="checkbox"/> Forearm <input type="checkbox"/> Knee <input type="checkbox"/> Ribs <input type="checkbox"/> Wrist <input type="checkbox"/> Ankle <input type="checkbox"/> Shoulder <input type="checkbox"/> Hand <input type="checkbox"/> Foot <input type="checkbox"/> Elbow <input type="checkbox"/> Finger <input type="checkbox"/> Toe	

Referring Physician

X _____
 Medical Provider Signature—REQUIRED Medical Provider Name Date

Exam Preparations

Carefully follow the instructions for your prescribed examination. If you have questions, please call (253) 815-1231.

CT scan:

All IV Contrast Exams

- No food or drink for 4 hours prior to your scheduled exam

Abdominal/Pelvic CT Exams

- Arrive one hour prior to your appointed time for the exam preparation.

MRI:

Notify us prior to your appointment if you have the following:

- Pacemaker
- Electronic device or metallic implant
- Brain aneurysm clip
- Heart valve replacement
- Stent
- Metal eye injury

X-ray

This exam does not have advance instructions.

Ultrasound (US):

Abdominal Exam

Night before: Fat free dinner.

Non-fat liquids permitted until 6 hours prior to exam, then nothing by mouth.

Kidney, Renal and Renal Artery

1 hour prior to your exam:

1. Empty your bladder
2. Drink 16 ounces of water
3. Do not empty your bladder

OB

Less than 14 weeks –

1 hour prior to your exam:

1. Empty your bladder
2. Drink 32 ounces of water
3. Do not empty your bladder

More than 14 weeks –

Do not empty your bladder for 1 hour prior to your appointment

Pelvic and/or Trans Vaginal

1 hour prior to your exam:

1. Empty your bladder
2. Drink 32 ounces of water
3. Do not empty your bladder

Medical Imaging on 1st

33915 1st Way South, Suite 130

Federal Way, WA 98003

PHONE: (253) 815-1231

FAX: (253) 815-1225

Directions

I-5 Heading North (from Tacoma)

Take the S. 348th St. exit (142B), heading west. Follow 348th, crossing Pacific Hwy S., to 1st Avenue South. Turn right, following 1st Way for 1 mile. Due to a median, you will actually pass the Maplewood Office Building. Make a U-turn at either the designated U-turn or at 336th St and head South on 1st Way. Turn right immediately into the 33915 Maplewood entry. Medical Imaging on 1st is in the tan building.

I-5 Heading South (from Seattle)

Take the S. 320th St. exit (143), heading west, crossing Pacific Hwy S., to 1st Avenue S. Turn left on 1st Avenue S and it will turn into 1st Way S. Immediately after S. 336th St., turn right into the 33915 Maplewood Office Building

