

Last Name: _____ First Name: _____ Date of Birth: ____/____/____
 Phone: (____) _____ - _____ Insurance Carrier & ID#: _____ RQI/Auth: _____
 Interpreter/Language: _____ Expected Follow-Up Date: ____/____/____

Building 3 (Medical Tower) 1135 116th Ave NE Suite 110 Bellevue, WA 98004	Overlake Center 5708 E Lake Sammamish Pkwy Suite 100 Issaquah, WA 98029	Creekside Crossing 17209 Redmond Way Redmond, WA 98052	Building 2 (Hospital) 1035 116th Ave NE Bellevue, WA 98004
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MRI Not available in Redmond	CT Not available in Redmond	ULTRASOUND Available at all locations	RADIOLOGY Available at all locations
<input type="checkbox"/> With & Without CONTRAST <input type="checkbox"/> CONTRAST as needed <input type="checkbox"/> NON-CONTRAST Head & Neck <input type="checkbox"/> Brain <input type="checkbox"/> Orbits <input type="checkbox"/> Sinus <input type="checkbox"/> Soft Tissue Neck <input type="checkbox"/> Internal Auditory Canals Body/Trunk <input type="checkbox"/> MRCP Only <input type="checkbox"/> MRCP w/ Abdomen <input type="checkbox"/> Chest <input type="checkbox"/> Abdomen <input type="checkbox"/> Pelvis <input type="checkbox"/> Enterography <input type="checkbox"/> Prostate Spine <input type="checkbox"/> Cervical <input type="checkbox"/> Thoracic <input type="checkbox"/> Lumbar <input type="checkbox"/> Sacral <input type="checkbox"/> Bone Marrow Survey Joints <input type="checkbox"/> _____ <input type="checkbox"/> Arthrogram: _____ Neurogram <input type="checkbox"/> Brachial Plexus <input type="checkbox"/> Lumbosacral Plexus <input type="checkbox"/> Extremity, specify below: _____ MR Angiogram <input type="checkbox"/> Head <input type="checkbox"/> Neck <input type="checkbox"/> Thoracic Aorta <input type="checkbox"/> Abdominal Aorta <input type="checkbox"/> Lower Extremity Runoff MR Venogram <input type="checkbox"/> Brain <input type="checkbox"/> Pelvis Cardiac MRI , specify below: <input type="checkbox"/> _____ Other MRI , specify below: <input type="checkbox"/> _____	<input type="checkbox"/> With & Without CONTRAST <input type="checkbox"/> CONTRAST as needed <input type="checkbox"/> NON-CONTRAST <input type="checkbox"/> WITH CONTRAST Head & Neck <input type="checkbox"/> Head <input type="checkbox"/> Orbits <input type="checkbox"/> Temporal Bones <input type="checkbox"/> Facial Bones <input type="checkbox"/> Sinus <input type="checkbox"/> Soft Tissue Neck Body/Trunk <input type="checkbox"/> Coronary Artery Calcium Score <input type="checkbox"/> Chest <input type="checkbox"/> High Resolution Lung <input type="checkbox"/> Low Dose Lung Cancer Screening <input type="checkbox"/> Low Dose Chest <input type="checkbox"/> Chest with ENB Reforms <input type="checkbox"/> Abdomen & Pelvis <input type="checkbox"/> Abdomen Only <input type="checkbox"/> Pelvis Only <input type="checkbox"/> CT-KUB <input type="checkbox"/> CT-IVP <input type="checkbox"/> CT Enterography (Small Bowel) <input type="checkbox"/> CT Colonography (Colon) Spine <input type="checkbox"/> Cervical <input type="checkbox"/> Thoracic <input type="checkbox"/> Lumbar Extremity <input type="checkbox"/> _____ Other <input type="checkbox"/> _____ CT Angiogram (CTA) <input type="checkbox"/> Brain <input type="checkbox"/> Carotids & Brain <input type="checkbox"/> Pulmonary Arteries <input type="checkbox"/> Pulmonary Veins <input type="checkbox"/> Renal Arteries <input type="checkbox"/> Mesenteric Arteries <input type="checkbox"/> Chest & Abdomen <input type="checkbox"/> Abdomen & Pelvis (Aorta) <input type="checkbox"/> Abdomen, Pelvis w/ Runoff <input type="checkbox"/> CT Venogram + Iliacs <input type="checkbox"/> Coronary Artery (Building 2 Only)	Abdomen <input type="checkbox"/> Abdomen Complete (Liver, GB/Bile Ducts, Kidneys, Spleen, Pancreas, Aorta) <input type="checkbox"/> Abdomen Limited (RUQ, RLQ, LLQ, LUQ, hernia, appendix, lump) <input type="checkbox"/> Liver Elastography <input type="checkbox"/> Liver Vascular Doppler <input type="checkbox"/> Renal Artery Doppler <input type="checkbox"/> Mesenteric Artery Doppler <input type="checkbox"/> Kidneys and Bladder <input type="checkbox"/> Aorta & Retroperitoneum GYN <input type="checkbox"/> Pelvis with Transvaginal Scan <input type="checkbox"/> Pelvis - Transabdominal Only <input type="checkbox"/> Pelvis with Hysterosonogram OB <input type="checkbox"/> 1st Trimester w/ Transvag prn <input type="checkbox"/> 2nd/3rd Trimester w/ Transvag prn <input type="checkbox"/> Nuchal Translucency & Fingerstick <input type="checkbox"/> Fetal Survey (Basic/Level 1) <input type="checkbox"/> Fetal Survey (Detailed/High Risk) <input type="checkbox"/> OB Growth & Basic Anatomy <input type="checkbox"/> OB LTD (Placenta, AFI, Position) <input type="checkbox"/> Follow-up (Growth, AFI, Previa) <input type="checkbox"/> Umbilical Cord & MCA Doppler <input type="checkbox"/> BPP Carotid Doppler <input type="checkbox"/> Carotid & Vertebral Arteries Extremity Doppler <input type="checkbox"/> Venous <input type="checkbox"/> Arterial <input type="checkbox"/> Lower <input type="checkbox"/> Upper <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Bilateral <input type="checkbox"/> Bilateral (w /IVC & Iliacs if Bilat) <input type="checkbox"/> Pseudo Aneurysm Other <input type="checkbox"/> Thyroid <input type="checkbox"/> Scrotum/Testicles <input type="checkbox"/> Fine Needle Aspiration-VIR Extremity Non-Vascular <input type="checkbox"/> _____	Walk-ins Available for X-Ray Only <ul style="list-style-type: none"> • Building 3: 7:30 a.m.–5:30 p.m. • Issaquah: 7 a.m.–11 p.m. • Redmond: 7 a.m.–11 p.m. • Building 2: 7 a.m.–11 p.m. <input type="checkbox"/> Specify exam below: _____ FLUOROSCOPY (Bldg 2 & 3) <input type="checkbox"/> Esophagram <input type="checkbox"/> Upper GI Series <input type="checkbox"/> Small Bowel Series <input type="checkbox"/> Barium Enema <input type="checkbox"/> Hysterosalpingogram (Bldg 3 Only) <input type="checkbox"/> Defecogram (Bldg 2 Only) <input type="checkbox"/> Other: _____ DEXA (Building 3 Only) <input type="checkbox"/> Bone Mineral Density PET/CT (Building 3 Only) <input type="checkbox"/> Diagnosis <input type="checkbox"/> Initial Staging <input type="checkbox"/> Restaging <input type="checkbox"/> Monitoring <input type="checkbox"/> Area of concern: _____ NUCLEAR MED (Bldg 2 Only) Bone Scan: _____ <input type="checkbox"/> Whole Body, area: _____ <input type="checkbox"/> 3 Phase, area: _____ <input type="checkbox"/> SPECTCT, area: _____ <input type="checkbox"/> Planar Limited, area: _____ <input type="checkbox"/> Lungs VQ <input type="checkbox"/> Hepatobiliary w/ GBEF <input type="checkbox"/> Gastric Emptying <input type="checkbox"/> Thyroid Uptake and Scan <input type="checkbox"/> Other, area: _____ <input type="checkbox"/> Lasix Renogram: _____ <input type="checkbox"/> Parathyroid: _____

Written diagnosis, symptoms, reason for exam(s): Medicare and other insurers require coding for specific/definitive diagnosis(es), sign(s) or symptom(s) to reflect the medical necessity for each test. Please list symptoms in addition to any possible or probable conditions.

ICD-10 Code(s) *REQUIRED*	Symptom(s) or Condition(s):	Order Comments or Special Instructions:

Reporting: STAT Routine Call Report #: (____) _____ - _____ Call Report/Patient Wait Patient to Return With CD

Physician Signature _____ Physician Name (Please Print) _____ Office Contact _____ Date _____ Time _____

Please arrive 15 minutes (unless otherwise instructed) before your exam and bring this referral form and your parking ticket with you. Please note validation is not available for the Overlake Medical Pavilion (Garage 5).

Outpatient Medical Imaging (Building 3)

Address: 1135 116th Ave NE, Bellevue, WA 98004

Located in Building 3, Suite 110. Please park in Garage 3 (North). Take the elevator to the first floor. The imaging center is down the hall on your left next to Walgreens.

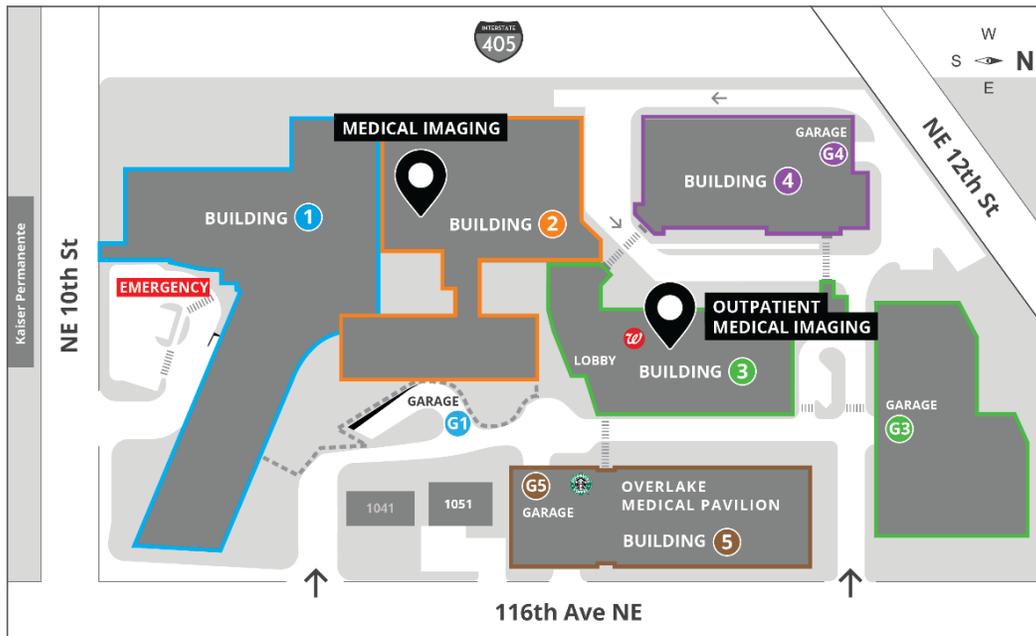
Please remember to bring your parking ticket for validation.

Medical Imaging (Building 2)

Address: 1135 116th Ave NE, Bellevue, WA 98004

Located in the main hospital on Level 1. Parking is available in either Garage 1 (South) or Garage 3 (North).

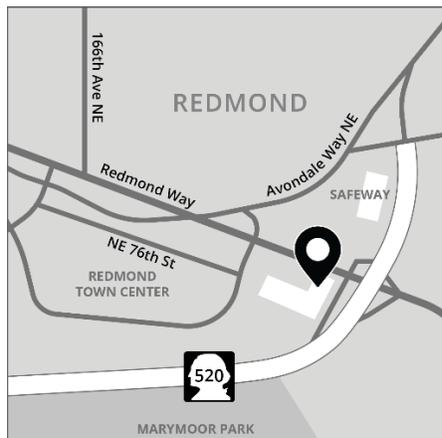
Please remember to bring your parking ticket for validation.



Overlake Medical Imaging (Creekside Crossing)

Address: 17209 Redmond Way, Redmond, WA 98052

Shares a building with Overlake Clinics - Urgent Care in Redmond. Located directly across the street from Safeway and Panera Bread, in the same parking lot as Papa Murphy's.



Overlake Medical Imaging (Overlake Center)

Address: 5708 E Lake Sammamish Pkwy SE, Suite 100 Issaquah, WA 98027

Shares a building with Overlake Clinics - Urgent Care. Located behind Issaquah Cedar & Lumber in the same parking lot as 24-Hour Fitness.

