Legacy Salmon Creek Medical Center

INTERVENTIONAL RADIOLOGY REFERRAL FORM

Form Updated 3-2022. Please use this referral form for Radia IR referrals.

2211 NE 136th Street
Vancouver, WA 98686
Phone: (360) 487-1800 Fax: (360) 487-1822

Reason for Referral: (Check boxes)

CPT Code for Procedure Requested:_____ ICD 10 code:_____

- ❒ Port Placement
- ❒ Dialysis Cath Placement
- ❒ Central Line Placement
- ❒ G/J Tube Placement
- ❒ IVC Filter Placement
- ❒ Nephrostomy Tube/Ureteral Stent
- ❒ Biliary/Chole Drain
- ❒ Removal of: _____
  _____
- ❒ Abscess Drain
- ❒ Pleural Catheter Placement
- ❒ Peritoneal Catheter Placement
- ❒ Transjugular intrahepatic portosystemic shunt (TIPS)
- ❒ Uterine Fibroids/Uterine Artery Embolizatic
- ❒ Biopsy: _____
  _____
- ❒ Other: _____
  _____

Send with an order form for labs/pathology -or- bone marrow pathology order form

Referring Physician Information:

Ordering Physician:_____

Clinic Name:_____

Telephone:_____ Fax:_____

Office contact:_____ Phone:_____

Patient Information:

Name of Patient:_____

Sex: ❑ Female ❑ Male Date of Birth: _____ Best contact #:_____

Insurance: _____ **Authorization Number:**_____

Is the patient on blood thinners? ❑ Pradaxa ❑ Coumadin/Warfarin ❑ Aspirin ❑ Other

Has patient had previous imaging? ❑ Yes ❑ No

If yes, where? ❑ Legacy ❑ PeaceHealth ❑ Other:_____ ❑ Image Date:_____

Please fax the following information with this request to 360-487-1822:

❑ Demographics ❑ Copy of Insurance Card ❑ Diagnostic imaging ❑ History and Physical ❑ Medication List

LEGACY HEALTH

Patient Centered Imaging & Technology Solutions
RADIA®