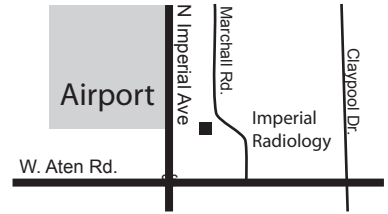




REFERRAL FORM



PATIENT'S NAME _____

APPOINTMENT DATE _____ TIME _____

PATIENT'S PHONE _____ DOB _____

- MRI, 1.5 Tesla
 Brightspeed 50 slice speed CT
 ULTRASOUND
 X-RAY

Walk-in
M-F
9-4
- CT GUIDANCE THERAPEUTIC JOINT/FACET INJECTIONS
 IMAGE Guided Biopsy

EXAMINATION _____

INSURANCE _____ DIAGNOSIS/CODES _____

PHYSICIAN'S NAME _____ SIGNATURE _____ DATE _____

PHYSICIAN'S PHONE _____ FAX _____

- PHONE REPORT
 FAX REPORT
 SEND FILMS TO DOCTOR
 SEND CD TO DOCTOR

Please bring the following items with you to your appointment: this referral slip, prior x-rays or Scans, health insurance card, picture ID and pre-authorizations that you may have received.

Por favor traiga lo siguiente a su cita: Esta forma de referencia, radiografías/estudios anteriores, tarjeta de aseguranza, ID con foto, y cualquier autorización que haga recibido.

What to wear to your imaging exam:
Qué llevar para su examen de imagen:

Please wear comfortable clothing free of snaps, buttons, zippers or other metal parts. Sweatpants or pants that have elastic waists and t shirts without snaps or decorative material are acceptable to wear. Wear bras that contain no metal similar to "Sports Bras". Do not wear jeans.

Por favor use ropa cómoda que no tenga botones, cierres, o prendas que tengan metal. Pantalones o camisetas con elástica son de preferencia ya que no tienen metal o material decorativo. Use brazier que no tenga metal como un "brazier deportivo". No use pantalones de mezclilla.

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