



CARLSBAD IMAGING CENTER

Patient's Name _____

Patient's Phone _____ DOB _____

Visit carlsbadimaging.com to complete your registration paperwork listed under "Patient Forms" by selecting the same exam that your doctor indicated on this referral form. Please print, fill-out, and bring the paperwork with you to your exam.

Ultrasound CT Closed 1.5T MRI Open MRI Arthrogram _CT _MRI

Dexascan X-ray (Walk in M-F 8:30-4:30 Please specify # of views and which views to perform)

Examination _____ Without IV Contrast
Imaging Center will perform exams as ordered & authorized Without & With IV Contrast

Insurance _____ Diagnosis/Codes _____
No "Z" or "W" code

Auth# _____ (Please include clinical notes)

Physician's Name/(Please print) _____ NPI _____

Physician's Signature _____ Date _____

Physician's Phone _____ FAX _____

STAT Phone report Fax report Send CD with patient

CONFIDENTIALITY: This Document is Intended only for the use of the individual or entity to which it is addressed, and may Contain information which is privileged, confidential and exempt from disclosure under applicable law. If you are not the Intended recipient, any dissemination, distribution or copying of this communication is strictly prohibited. If you have received This communication in error, please notify us immediately by telephone, and return the original document to us at the address Below by the U.S. Postal Service.

CARLSBAD IMAGING CENTER
Technology With A Human Touch
6010 Hidden Valley Rd. #125
Carlsbad, CA 92011

Map and Directions
are located on the
back of the referral

Phone: 760.730.3536
Fax: 760.720.4833
www.carlsbadimaging.com
TIN- 33-0991215
AM & BB Imaging Center, Inc.

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.

Directions to
CARLSBAD IMAGING CENTER
6010 Hidden Valley Rd. #125, Carlsbad, CA 92011
(760) 730-3536

Heading South on 5

Exit Palomar Airport Rd. and turn left
Drive 1.1 miles, turn right on Hidden Valley Rd.
We are the 1st driveway on your left.
Parking and entrance available at back of building.
Suite #125 is located on the ground floor at the
East end of the building

Heading North on 5

Exit Palomar Airport Rd. and turn right
Drive 1.1 miles, turn right on Hidden Valley Rd.
We are the 1st driveway on your left.
Parking and entrance available at back of building.
Suite #125 is located on the ground floor at the
East end of the building

