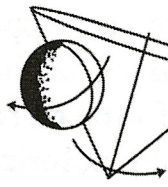


CARLSBAD IMAGING CENTER
6010 HIDDEN VALLEY RD. #125
CARLSBAD, CA 92011
PHONE: (760)730-3536 FAX: (760)720-4833
WWW.CARLSBADIMAGING.COM



IMPERIAL RADIOLOGY
2407 MARSHALL AVENUE, SUITE A
IMPERIAL, CA 92251
PHONE: (760)545-0340 FAX: (760)545-0341
WWW.IMPERIALCOUNTYRADIOLOGY.COM

AM&BB Imaging Center, Inc. TIN- 33-0991215 NPI - 1730278656 email: orders@carlsbadimaging.com

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 __CT __MRI
- Dexascan X-ray (Walk in M-F Call for times) 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.

Map and Directions
are located on the
back of the referral