

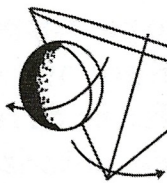
CARLSBAD IMAGING CENTER

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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

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Map and Directions
are located on the
back of the referral