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

Map and Directions are located on the back of the referral