



PLEASE HAVE PATIENT WALK W/ CD

Precise Imaging

MRI • CAT SCAN • X-RAY • ULTRASOUND
NUCLEAR MEDICINE • FULL BODY SCAN

PLEASE HAVE PATIENT SIGN ALL LIENS AND FAX TO 888-777-4356

PATIENT NAME:

TEL #:

DATE OF BIRTH:

PATIENT'S ADDRESS:

EXAMINATION REQUESTED: *****SEE BELOW*****

APPOINTMENT DATE AND TIME:

CLINICAL HISTORY:

REFERRING PHYSICIAN:

SIGNATURE:

EXAM LOCATION:

Medicare Private Ins. PI (Lien) Cash Other

1				
2				
3				
4				
5				
6				
7				

OPEN MRI REQUIRED

Patient over 300lbs.

6710 Kester Ave. #126, Van Nuys, CA 91405
Office: (818)907-7723 Fax: (888)715-7001

Toll Free: 800-558-2223