



REFERRAL FORM

PATIENT NAME: _____ TODAY'S DATE: _____

PHONE(S): _____ D.O.B. _____

EMAIL: _____

ADDRESS: _____

EXAM REQUESTED: _____

REASON FOR EXAM: _____ DX CODE: _____

APPT. DATE/TIME: _____ ****Bring I.D. to Appt. / Traiga su Identificación****

P.I. ATTORNEY: _____

ATTY. CONTACT: _____ PHONE: _____ D.O.I. _____

- Medicare PPO P.I. (Lien) Cash Other

EXAM INFORMATION

PROCEDURE

- MRI
- CAT / CT Scan
- X-Ray
- Ultrasound
- Bone Density
- PET or PET/CT
- MR Arthrogram
- MR Angiography

BODY PART

- Head/Brain
- Sinuses
- Neck—Soft Tissue
- Cervical Spine
- Thoracic Spine
- Lumbar Spine
- Chest
- Abdomen
- Pelvis
- Other: _____
- Hip (L, R, Both)
- Knee (L, R, Both)
- Ankle (L, R, Both)
- Foot (L, R, Both)
- Shoulder (L, R, Both)
- Elbow (L, R, Both)
- Wrist (L, R, Both)
- Hand (L, R, Both)
- TMJ (L, R, Both)

OPTIONS

- Without Contrast
 - With Contrast
 - IV Oral Rectal
 - With / Without Contrast
 - IV Oral Rectal
 - Comparison Study
-
- Open MRI Required
 - Patient Claustrophobic
 - Patient Over 300 Lbs.

PHYSICIAN INFORMATION

REFERRING PHY: _____ SIGNATURE: _____

PHONE: _____ FAX: _____

PLEASE FAX PATIENT INSURANCE or PI INFORMATION WITH REFERRAL

We accept Liens on Personal Injury
 Our facilities are equipped with **HIGH FIELD MRI's, STAND UP & OPEN MRI's** (for claustrophobic patients)
AFTER HOURS & WEEKEND APPOINTMENTS AVAILABLE.
 Children **MUST** be accompanied by adult. Se Habla Español

Toll Free: (800) 558-2223

Fax: (888) 715-7001



Exam Instructions:

1. If you are pregnant or believe you are pregnant please consult with your doctor or technician before having any exam performed.
2. **Inform scheduler if you have a cardiac pacemaker, intra cranial aneurysm clip, metal fragments in your eyes, or if you weigh more than 350 pounds to determine if your exam is safe to be performed.**
3. If you think you may be claustrophobic, please call us in advance for special instructions.
4. Wear comfortable, loose clothing WITHOUT any metals (zippers, snaps, buttons, underwire bras, jewelry) and leave valuables at home.
5. Plan to arrive a minimum of 15 minutes before your appointment time to sign in & complete paperwork.
6. You may drink as usual on the day of your exam.
7. Patients on Glucophage must check with their physician prior to discontinuing medication before CT exam and should call scheduling for specific instructions.
8. Asthmatic patients should bring their inhalers.

Precise Imaging Corporate Office
6710 Kester Ave. Van Nuys, CA 91405

CALIFORNIA

- Anaheim
- Beverly Hills
- Buena Park
- Burbank
- Burlingame
- Castro Valley
- Chico
- Covina
- Cypress
- Daly City
- Downey
- El Centro
- Encino
- Fallbrook
- Fountain Valley
- Fresno
- Garden Grove
- Gardena
- Glendale
- Huntington Beach
- Irvine
- Laguna Hills
- Lancaster
- Lodi
- Long Beach

- Los Angeles
- Los Gatos
- Lynwood
- Marina Del Rey
- Montclair
- Monterey
- Mountain View
- Newport Beach
- North Hollywood
- Northridge
- Ontario
- Oxnard
- Palo Alto
- Pasadena
- Pomona
- Redwood
- Riverside
- San Bernardino
- San Clemente
- San Diego
- San Francisco
- San Jose
- San Rafael
- Santa Ana
- Santa Clarita
- Sherman Oaks
- Signal Hill

- Simi Valley
- Spring Valley
- Stanton
- Stockton
- Tarzana
- Torrance
- Tustin
- West Covina
- Westlake Village
- Woodland Hills
- Upland

ARIZONA

- Anthem
- Apache Junction
- Avondale
- Buckeye
- Casa Grande
- Chandler
- Gilbert
- Glendale
- Goodyear
- Mesa
- Peoria
- Phoenix
- Prescott
- Prescott Valley

- Queen Creek
- Scottsdale
- Surprise
- Sun City West
- Tucson
- Redwood
- Riverside
- San Bernardino

FLORIDA

- Altamonte Springs
- Clermont,
- Kissimmee
- Lake Mary
- Longwood
- Ocoee
- Orlando
- Oviedo
- Winter Park

NEVADA

- Henderson
- Las Vegas
- North Las Vegas

COLORADO

- Lioness