



Fax – 888 740-4446  
Scheduling – 800 851-4150

Patient Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

DOB: \_\_\_\_\_ SS#: \_\_\_\_\_

Referring Physician: \_\_\_\_\_ City: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

STAT Wet Read  IPACS/On-line  CD  Patient to Hand Carry

*Images available on IPACs, check CD if needed*

MRI REQUEST:  with contrast  without contrast

Cervical Spine  Thoracic Spine  Abdomen  Lumbar Spine  
 Chest  Pelvis  Elbow Right  Left  Hand Right  Left  
 Hip Right  Left  Knee Right  Left  Ankle Right  Left  Foot Right  Left  
 TMJ Right  Left  Wrist Right  Left  Shoulder Right  Left  Other: \_\_\_\_\_  
 Brain

Area of brain: \_\_\_\_\_

Brain DTI/TBI (3T San Diego 1.5T Chula Vista)

MRI Arthrogram Request – Please specify joint: \_\_\_\_\_

Special Request – Please specify body part: \_\_\_\_\_

**Billing Information**

PI Lien  Private Insurance  Work Comp  Other (specify): \_\_\_\_\_

Insurance: \_\_\_\_\_

Insurance Address: \_\_\_\_\_

Insurance Phone: \_\_\_\_\_ Date of Injury: \_\_\_\_\_

Claim #: \_\_\_\_\_ Adjuster: \_\_\_\_\_

Attorney: \_\_\_\_\_ Contact: \_\_\_\_\_

Attorney Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

17530 Ventura Blvd #106  
Encino, 91316

7711 Amigos Ave #C  
Downey, 90241

865 3rd Ave #121  
Chula Vista, 91911

10211 Pacific Mesa Blvd #410-411  
San Diego, 92121