



1809 Verdugo Blvd Suite 100  
Glendale, CA 91208  
Phone: (818) 790-9300  
Fax: (818) 790-4564

Today's Date: \_\_\_\_\_

**APPOINTMENT**

Date: \_\_\_\_\_

Time: \_\_\_\_\_

**PATIENT INFORMATION**

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

DOB: \_\_\_\_\_

Phone #: \_\_\_\_\_

Gender:  Male  Female

**BILLING INFORMATION**

Company: \_\_\_\_\_

PPO  Medicare  Workers Comp

Broker  Cash  P.I. (Lien)

Other

Patient must present ID with scan

**EXAM REQUEST**

**MRI**  
AREA to be covered \_\_\_\_\_  
ADD  IV Contrast

**ULTRASOUND**  
AREA to be covered \_\_\_\_\_  
 No Doppler

**XRAY**  
AREA to be covered \_\_\_\_\_

**ADDITIONAL NOTES**

\_\_\_\_\_  
\_\_\_\_\_

**REFERRING DOCTOR INFORMATION**

Doctor's Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

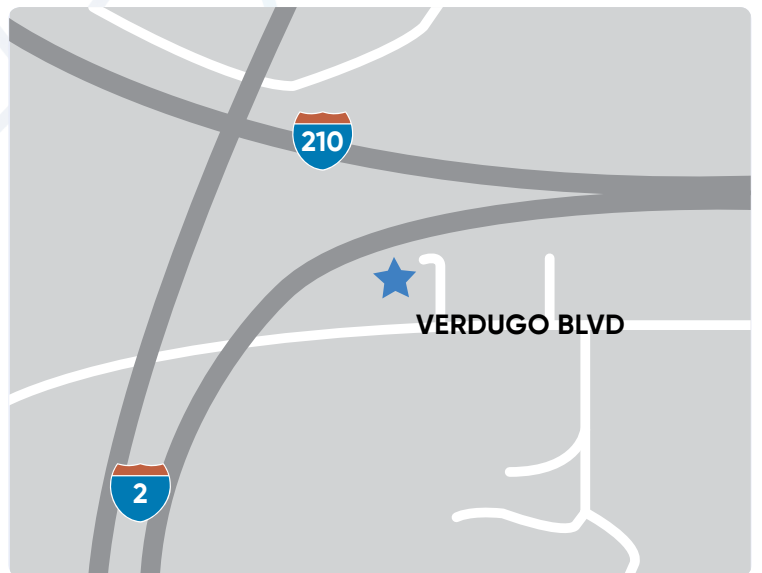
**DIAGNOSIS/CLINICAL INFORMATION**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Doctor's Signature: \_\_\_\_\_  
\_\_\_\_\_

STAT  Patient return with CD images

**OUR LOCATION**



\_\_\_\_\_  
\_\_\_\_\_