



MRI/CT IMAGING REFERRAL FORM

Referral is valid for 90 days
from date of request



Appointment Date: _____ Appointment Time: _____ Arrival Time: _____

Patient Name: _____ Phone #: _____

DOB: _____ Height: _____ Weight: _____

Insurance: _____ ID#: _____ Auth #: _____

Prior corresponding studies at: _____ Date of Studies: _____
(Please have patient bring us prior studies and reports)

Referring Physician: _____

Referring Physician Signature: _____ Date: _____

Phone #: _____ Fax #: _____

Report to additional physician(s): _____

☐ CD

☐ REPORT ONLY

☐ MRI

☐ MRA

Area of Exam: _____

History / Diagnosis / ICD Code: _____

☐ CT

☐ CTA

☐ 3D Reconstructions

☒ Please mark one of the four choices to the right:

☐ Oral Contrast Only

☐ Oral & IV Contrast

☐ IV Contrast Only

☐ No Contrast

Select Exam:

☐ Chest (covers from apices to adrenals)

☐ Pelvis (covers from iliac crest to pubic symphysis)

☐ Abdomen (covers from dome of liver to iliac crest)

☐ Other Area of Exam _____

Please Answer All Three Questions:

Is this patient allergic to iodine?

☐ Yes

☐ No

Is this patient diabetic?

☐ Yes

☐ No

Does this patient have kidney disease?

☐ Yes

☐ No

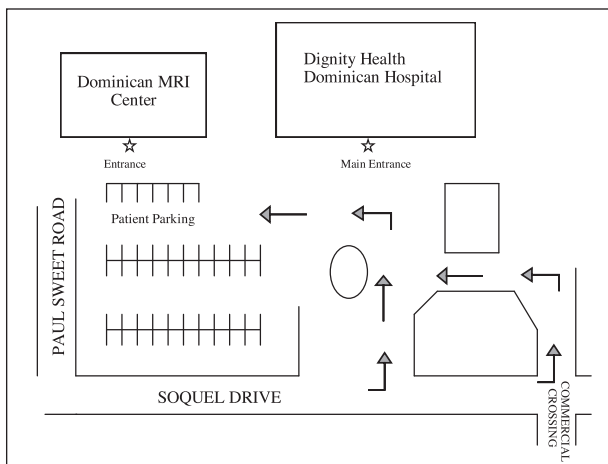
History / Diagnosis: _____

IF YOU ARE UNABLE TO KEEP YOUR APPOINTMENT, PLEASE NOTIFY US AT LEAST 24 HOURS IN ADVANCE



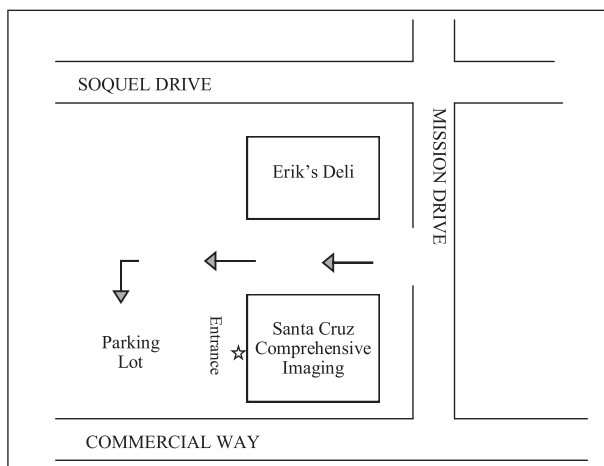
1545 Soquel Drive
Santa Cruz, CA 95065
Scheduling: (831) 476-7711
Fax: (831) 476-6189

Directions: Turn into one of the two entrances to Dominican Hospital and proceed to the parking lot nearest the MRI Center. Spaces directly in front of the Center are reserved for MRI Center patients.



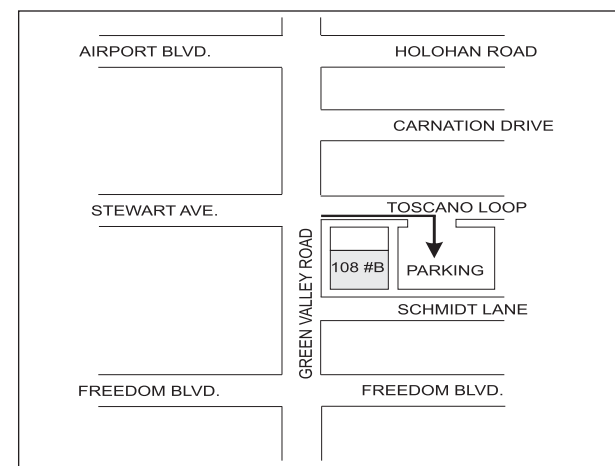
1685-B Commercial Way
Santa Cruz, CA 95065
Scheduling: (831) 476-7711
Fax: (831) 476-6189

Directions: From Soquel Drive, turn onto Mission Drive. Turn right into the parking lot behind Erik's Deli Cafe. Parking is to the left. Enter the building from the parking lot side.



108 Green Valley Road #B
Freedom, CA 95019
Scheduling: (831) 476-7711
Fax: (831) 476-6189

Directions: From Green Valley Road, turn onto Toscano Loop, then take the first right into parking lot behind building, 108 Green Valley Road, #B.



MRI Exam Instructions (Magnetic Resonance Imaging)

- If you have previous X-rays or scans of the area we are to study, please bring them with you to your exam.
- **NO** eye make-up for head scans.
- Take medications, as prescribed.
- You will be asked about your medical history.
- The scanning procedure will be explained.
- You must remove all metallic objects, such as jewelry, piercings, hairpins, glasses, wigs (if any metal clips), and nonpermanent dentures.
- You may be asked to change into scrubs.
- Bring a detailed list of medications.

CT Exam Instructions (Computed Tomography)

- If you have any previous X-rays or scans of the area we are to study, please bring them with you to your exam.
- Nothing to eat three hours prior to appointment time, when an injection is part of your procedure.
- Please contact our office if you have had a Barium Enema or Upper Gastrointestinal exam within the last two weeks.
- Bring a detailed list of medications.

Please do not bring valuables to your exam. Lockers are available but we are not responsible for lost items.