



# Radiology Referral Form

Referral is valid for 90 days from date of request

Phone: (831) 476-7711  
Fax: (831) 476-6189  
www.rmgsc.com

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone: \_\_\_\_\_

Referring Physician (Please print clearly): \_\_\_\_\_

Referring Physician Signature: \_\_\_\_\_

Report to Additional Physician(s): \_\_\_\_\_

Patient's Insurance: \_\_\_\_\_ ID# \_\_\_\_\_

Exam:

### BONE DENSITOMETRY

- DEXA
- Vertebral Fracture Analysis \*NEW
- DEXA with Vertebral Fracture Analysis
- DEXA Axial Skeleton (lumbar and hip)
- Peripheral BMD (forearm)

### X-RAY

Exam: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Stat

### ULTRASOUND

Exam: \_\_\_\_\_

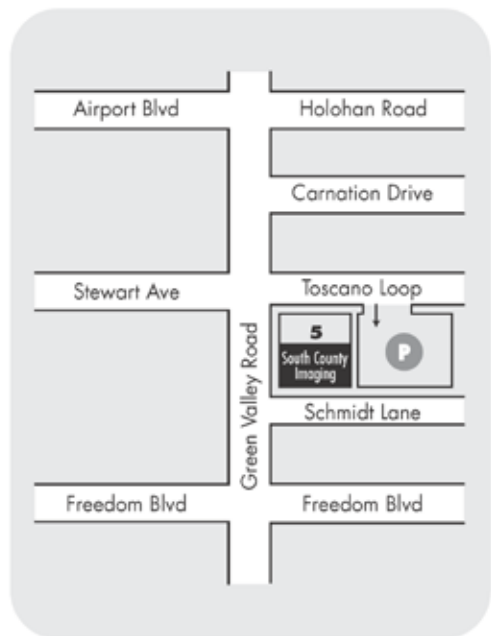
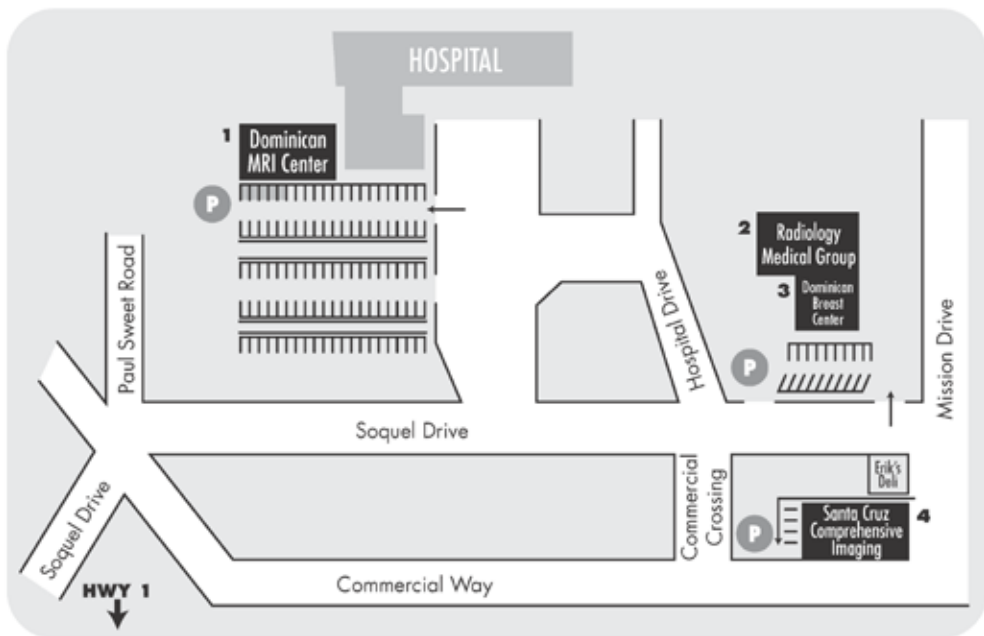
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Stat

History/Diagnosis: \_\_\_\_\_



\*Maps not to scale



**1 Dominican MRI Center**  
1545 Soquel Dr.  
Santa Cruz, CA 95065-1705  
(831) 476-7711



**2 Radiology Medical Group of Santa Cruz County, Inc.**  
1661 Soquel Dr., Bldg. G  
Santa Cruz, CA 95065-1709  
(831) 476-7711



**3 Dominican Breast Center**  
1661 Soquel Dr., Bldg. G  
Santa Cruz, CA 95065-1709  
(831) 476-7711



**4 Santa Cruz Comprehensive Imaging**  
1685-B Commercial Way  
Santa Cruz, CA 95065-1703  
(831) 476-7711



**5 South County Imaging**  
108 Green Valley Rd. #B  
Freedom, CA 95019-3110  
(831) 476-7711