



# IMAGING ORDER FORM

FIRST NAME

LAST NAME

DOB

PATIENT TYPE

- Insurance
- Personal Injury
- Worker's Comp
- Self-pay

PATIENT MAILING ADDRESS

STREET \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_  
ZIP CODE \_\_\_\_\_

PATIENT PHONE

PATIENT EMAIL

REFERRING PROVIDER

PROVIDER PHONE

PROVIDER FAX

INSURANCE INFORMATION

CARRIER / PLAN \_\_\_\_\_  
ID # \_\_\_\_\_

ATTORNEY/ADJUSTER INFORMATION

NAME / FIRM \_\_\_\_\_  
PHONE \_\_\_\_\_  
FAX \_\_\_\_\_  
EMAIL \_\_\_\_\_  
DATE OF INJURY \_\_\_\_\_

REQUESTED APPT DATE / TIME

REASON FOR EXAM / ICD10

MRI

BODY PART: \_\_\_\_\_  
 Left  Right  Bilateral  
 Without Contrast  
 With and Without Contrast  
 Arthrogram  
 Neuroquant  
 MRA (Angiogram)

NOTES:

PROVIDER SIGNATURE

TODAY'S DATE

8352 CLAIREMONT MESA BLVD, STE B, SAN DIEGO, CA 92111

Phone: (619) 714-9100 • Fax: (619) 363-4621 • Tax ID: 88-1942212 • NPI: 1013647320

## FOR OUR PATIENTS

- Please arrive 15 minutes before your exam and bring this form with you.
- To assist in processing your insurance claims please bring **your current insurance card** and a **photo ID** to your appointment.
- Payment for services is due at the time of exam which may include co-payments, co-insurance and/or deductibles. We accept cash and all major credit cards.

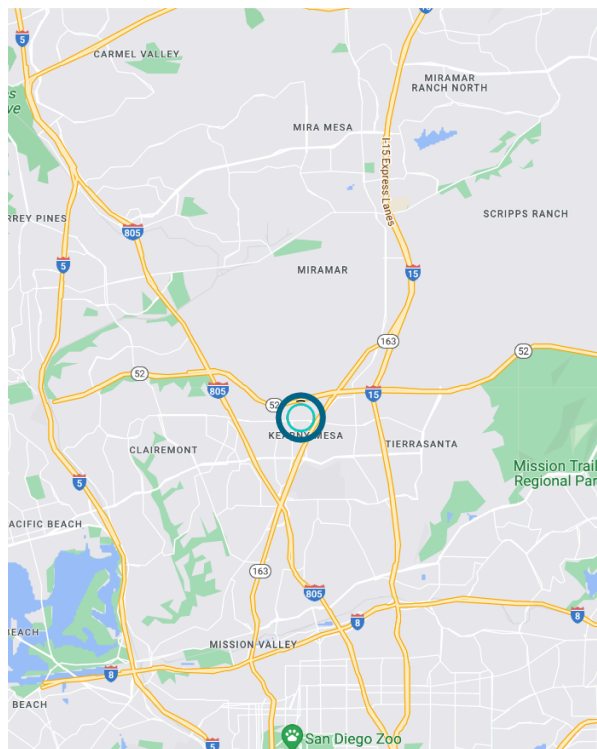
## WHAT TO WEAR

Please wear comfortable clothing free of snaps, buttons, zippers, or other metal parts.

Sweatpants or pants that have elastic waists and t-shirts without snaps or decorative materials are acceptable.

Wear bras that contain no metal similar to "Sports Bras."

Do not wear jeans.



8352 CLAIREMONT MESA BLVD, STE B  
SAN DIEGO, CA 92111