



# IMAGING ORDER FORM

FIRST NAME	LAST NAME	DOB	PATIENT TYPE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Insurance <input type="radio"/> Personal Injury <input type="radio"/> Worker's Comp <input type="radio"/> Self-pay

PATIENT MAILING ADDRESS	PATIENT PHONE
STREET _____ CITY _____ STATE _____ ZIP CODE _____	<input type="text"/>
	PATIENT EMAIL <input type="text"/>

REFERRING PROVIDER	PROVIDER PHONE	PROVIDER FAX
<input type="text"/>	<input type="text"/>	<input type="text"/>

INSURANCE INFORMATION (if applicable)

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

ATTORNEY/ADJUSTER INFORMATION (if applicable)

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

REQUESTED APPT DATE / TIME

REASON FOR EXAM / ICD10

MRI <input type="radio"/> Escondido <input type="radio"/> National City	CT (Escondido)	X-RAY (Escondido)
BODY PART: _____ <input type="radio"/> Without Contrast <input type="radio"/> With and Without Contrast <input type="radio"/> Arthrogram <input type="radio"/> TBI	BODY PART: _____ <input type="radio"/> Without Contrast <input type="radio"/> With Contrast <input type="radio"/> With and Without Contrast <input type="radio"/> Arthrogram	BODY PART: _____ _____ _____ _____

NOTES:

PROVIDER SIGNATURE	TODAY'S DATE
<input type="text"/>	<input type="text"/>

## 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.

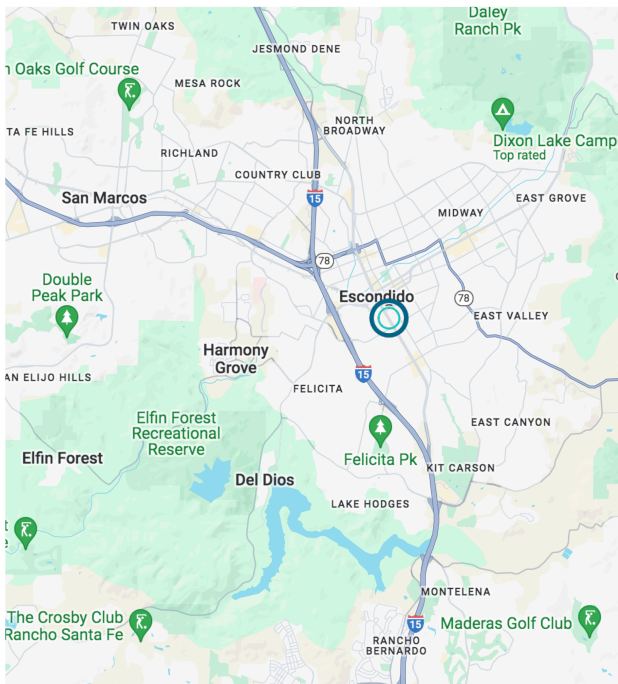
## WHAT TO WEAR

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

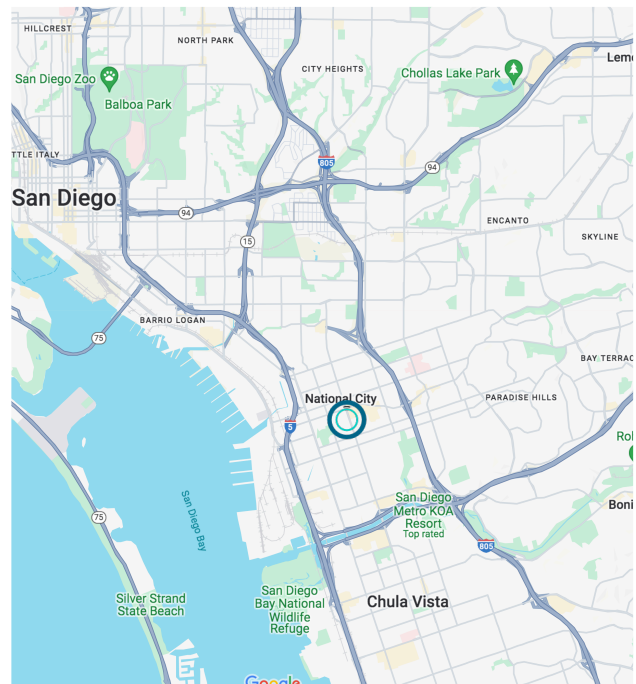
Sweatpants or pants that have elastic waists and t-shirts without snaps or decorative materials are acceptable.

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

Do not wear jeans.



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ESCONDIDO, CA 92025



1401 HIGHLAND AVE  
NATIONAL CITY, CA 91950