



# RADIOLOGY REFERRAL FORM

info@pegasusmri.com

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ E-mail: \_\_\_\_\_

Examination Requested:

MRI: \_\_\_\_\_

X-Ray: \_\_\_\_\_

Clinical Impression / Diagnosis: \_\_\_\_\_

Provider: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Provider's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### ONLY FOR PERSONAL INJURY REFERRAL

*We accept Liens*

Date of Injury: \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name of Attorney: \_\_\_\_\_ Fax: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

### PLEASE SELECT THE DESIRED LOCATION

OPEN MRI OF LONG BEACH

4300 Long Beach Blvd. STE 170  
Long Beach, CA 90807  
Tel: (562) 444-5445  
Fax: (562) 337-8051



OPEN MRI OF FULLERTON

2720 N. Harbor Blvd. STE 130  
Fullerton, CA 92835  
Tel: (714) 853-6161  
Fax: (714) 853-1000

