☐ Rancho Open MRI

**9373 Haven Avenue, Suite 150**
**Rancho Cucamonga, CA 91730**

Phone: (909) 476-4474 Fax: (909)-476-7363

Schedule@RanchoOpenMRI.com
Billing@RanchoOpenMRI.com

☐ Riverside ELITE IMAGING

**21828 Cactus Avenue**
**Riverside, CA 92518**

3.0 GE TESLA
CLOSED MRI

Phone: (951) 900-3000 Fax: (951) 900-1234

Schedule@RiversideEliteImaging.com
Billing@RiversideEliteImaging.com

**PATIENT'S NAME:** _____ **TODAY'S DATE:** _____/_____/_____

**DOB:** _____/_____/_____ **DOI:** _____/_____/_____ **APPOINTMENT DATE:** _____

**PATIENT'S PHONE:** _____ **APPOINTMENT TIME:** _____

**REFERRING PHYSICIAN:** _____ **LOCATION:** _____

**PHYSICIAN'S SIGNATURE:** _____ **PHONE:** _____ **FAX:** _____

**DIAGNOSIS**_____ **EMAIL:** _____

_____

**ATTORNEY'S NAME:** _____ **ATTORNEY'S PHONE:** _____

**LOCATION:** _____ **ATTORNEY'S FAX:** _____

_____ **EMAIL:** _____

☐ **OPEN MRI** ☐ **X-RAY** ☐ **CLOSED MRI**

| | | | | | | |
|---|---|---|---|---|---|---|
| _____ **HEAD/BRAIN** | ☐ **W. DWI** | _____ **SHOULDER** | ☐ LEFT | ☐ RIGHT | ☐ BOTH |
| _____ **CERVICAL SPINE** | | _____ **ELBOW** | ☐ LEFT | ☐ RIGHT | ☐ BOTH |
| _____ **THORACIC SPINE** | | _____ **WRIST** | ☐ LEFT | ☐ RIGHT | ☐ BOTH |
| _____ **LUMBAR SPINE** | | _____ **HAND** | ☐ LEFT | ☐ RIGHT | ☐ BOTH |
| _____ **CHEST** | | _____ **KNEE** | ☐ LEFT | ☐ RIGHT | ☐ BOTH |
| _____ **ABDOMEN** | | _____ **ANKLE** | ☐ LEFT | ☐ RIGHT | ☐ BOTH |
| _____ **PELVIC** | | _____ **FOOT** | ☐ LEFT | ☐ RIGHT | ☐ BOTH |
| _____ **SINUSES** | | _____ **OTHER**_____ | | | |

PLEASE CHECK: ( ) Patient Claustrophobic ( ) Prior Surgery ( ) Pace Maker ( ) Pregnant
( ) Metal Fragments ( ) Surgical Pins/Rods Implants ( ) Patient over 300 Lbs.