



Please Remember to Bring the Following:
1- This Referral Slip
2- All Prior Related X-Rays & Scans
3- Health Insurance Card & Photo ID
4- Pre-Authorizations

DRI
79 Scripps Drive
Suite 100
Sacramento,
CA 95825

SCHEDULING:
T: (916) 921-1300
F: (916) 921-1090

Appointment Date: _____ Appt. Time: _____

Patient Name: _____

Patient Date of Birth: _____ Patient Phone: _____

Referring Physician: _____ Phone: _____

Examination Requested: _____

Clinical Impression: _____

Special Instructions: _____

Referring Physician's Signature: _____ Date: _____



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- Send films with patient
- Send films & report by courier
- Routine Report
- Phone Report
- Fax Preliminary Report
- Comments: _____

Services Available:
MRI, MRA,
16-Slice CT,
Mammography,
Bone Densitometry,
Fluoroscopy, Ultrasound,
Nuclear Medicine,
Diagnostic Radiology

