



# 3T IMAGING

OF MORTON GROVE

9000 Waukegan Rd., Ste #110

Morton Grove, IL 60053

P: 847.213.2700 • F: 847.213.2709

www.3TImaging.com

3 Tesla MRI • 16 slice CT • Ultrasound • Digital Xray

## Referral Form for ENT, Neurology, Neurosurgery and Ophthalmology Imaging

Patient's Name: \_\_\_\_\_

Patient's Number: \_\_\_\_\_

Clinical History/Indication: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ICD-9 \_\_\_\_\_

MRI PROCEDURES:		
wo	w/wo	Brain
	w/wo	IAC Only
	w/wo	Brain/IAC
	w/wo	Brainstem/Trigeminal Nerves
	w/wo	Temporal Lobe Seizure Protocol
wo	w/wo	Neck Soft Tissue
	w/wo	Orbits
		Other:

CT:			
wo	w/wo	w	Brain
wo			Paranasal Sinus
wo			Temporal Bone
wo			Orbits
wo			Facial Bones
wo		w	Skull Base
	w/wo	w	Neck Soft Tissue
			Other:

Physician: \_\_\_\_\_

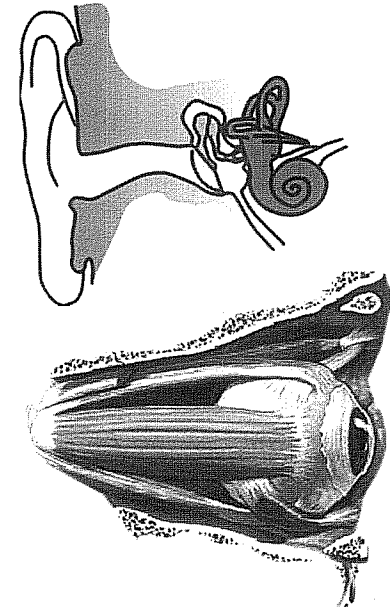
Physician Signature: \_\_\_\_\_

Date: \_\_\_\_\_

RQI#: \_\_\_\_\_

Type of Implant: \_\_\_\_\_

Pre-Certification #: \_\_\_\_\_



Phone #: \_\_\_\_\_

Fax#: \_\_\_\_\_

To be read by Mahmood F. Mafee, MD  Yes  No