



3T IMAGING

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:		
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: _____

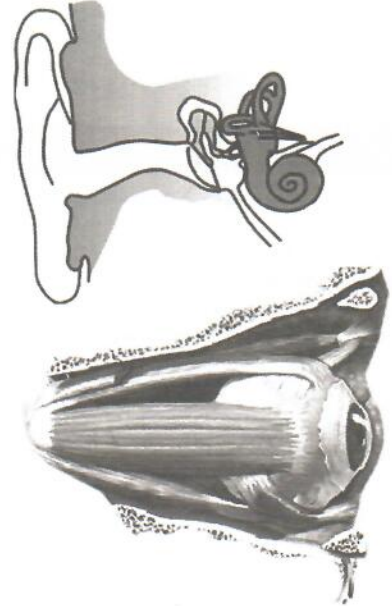
Physician Signature: _____

Date: _____

RQI#: _____

Type of Implant: _____

Pre-Certification #: _____



Phone #: _____

Fax#: _____

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