



3T IMAGING

OF MORTON GROVE

9000 Waukegan Road Suite # 110
Morton Grove, IL 60053
P: 847-213-2700 F: 847-213-2709
www.3TImaging.com

3 Tesla MRI Facility

Referral Form for Podiatry

PATIENT'S NAME: _____ AGE: _____

PATIENT'S PHONE NUMBER: _____

CLINICAL HISTORY/INDICATION: _____

ICD-9: _____

RQI #: _____

Pre-Certification #: _____

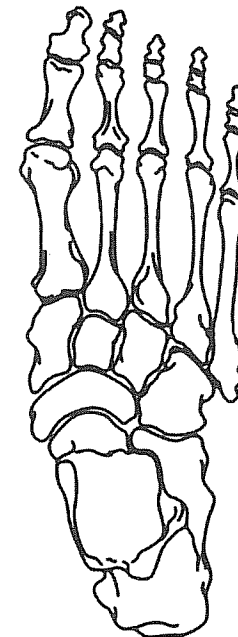
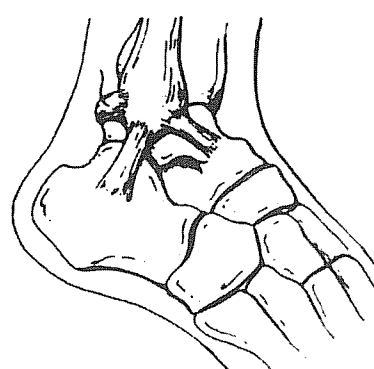
Right Left Bilateral

ULTRASOUND: Performed by Brian Kincaid, D.C.	
Bilateral peripheral neuro & musculoskeletal study	
AREA OF INTEREST:	
DVT	
Arterial Doppler	
Other	

MRI:		
w/o	w w/o	Individual Digit (Please specify)
w/o	w w/o	Forefoot/Midfoot
w/o	w w/o	Ankle (Includes Midfoot/Hindfoot)
	w	MR Angiogram Runoff
		Other

CT:		
w/o	w w/o	Forefoot/Midfoot
w/o	w w/o	Ankle (Includes Midfoot/Hindfoot)
	w	CT Angiogram Runoff
		Other

X-RAY:		



Physician: _____

Physician Signature: _____

Phone #: _____

Fax #: _____