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

DATE _____

PRE-CERTIFICATION # _____

☐ RIGHT ☐ LEFT ☐ BILATERAL

REFERRAL FORM FOR PODIATRY

PATIENT'S NAME _____ PATIENT'S PHONE NUMBER _____ DOB _____

CLINICAL HISTORY _____

ICD-10: _____

ULTRASOUND: PERFORMED BY BRIAN KINCAID, D.C.

	Bilateral Peripheral Neuro & Musculoskeletal Study
AREA OF INTEREST:	
	DVT
	Arterial Doppler
	Other

X-RAY:

_____

_____

_____

_____

MRI:

w/wo	w/o	Foot (Forefoot/Midfoot)
w/wo	w/o	Ankle (Midfoot/Hindfoot)
w/wo		MR Angiogram Runoff
		Other

CT:

w/wo	w/o	Foot (includes Forefoot/Midfoot)
w/wo	w/o	Ankle (includes Midfoot/Hindfoot)
w		CT Angiogram Runoff
		Other

PHYSICIAN NAME _____

PHYSICIAN SIGNATURE _____

PHONE # _____

FAX # _____