☐ **RANCHO OPEN MRI MEDICAL CORP**
9373 Haven Ave. Ste 150,
Rancho Cucamonga, CA 91730
Phone: (909) 476-4474
Fax: (909) 476-7363
schedule@ranchoopenmri.com

☐ **HIGH DESERT OPEN MRI MEDICAL CORP**
14378 St Andrews Dr,
Victorville, CA 92395
Phone: (760) 760-0777
Fax: (760) 760-0888
schedule@highdesertopenmrimc.com

☐ **RIVERSIDE ELITE IMAGING MEDICAL CORP**
21828 Cactus Ave,
Riverside, CA 92518
Phone: (951) 900-3000
Fax: (951) 900-1234
schedule@riversideeliteimaging.com
3.0 GE TESLA CLOSED MRI

☐ **SB OPEN MRI MEDICAL CORP**
1884 Business Center Dr. S,
San Bernardino, CA 92408
Phone: (909) 999-8844
Fax: (909) 999-8855
schedule@sbopenmrimc.com
1.2T OASIS VELOCITY OPEN MRI

☐ **WESTMINSTER OPEN MRI MEDICAL CORP**
8341 Westminster Blvd. #102,
Westminster, CA 92683
Phone: (657) 657-6577
Fax: (657) 657-6578
schedule@westminsteropenmrimc.com

PATIENT'S NAME: _____ **TODAY'S DATE:** _____

DOB: _____/_____/_____ **DOI:** _____/_____/_____ **APPOINTMENT DATE:** _____

PATIENT'S PHONE: _____ **APPOINTMENT TIME:** _____

REFERRING PHYSICIAN: _____ **LOCATION:** _____

PHYSICIAN'S SIGNATURE: _____ **PHONE:** _____

DIAGNOSIS: _____ **FAX:** _____

_____ **EMAIL:** _____

ATTORNEY'S NAME: _____ **PHONE:** _____

LOCATION: _____ **FAX:** _____

_____ **EMAIL:** _____

☐ **OPEN MRI (1.2 TESLA)** ☐ **CLOSED MRI (3.0 TESLA)** ☐ **OPEN MRI** ☐ **X-RAY**

_____ HEAD/BRAIN	☐ W. DWI	_____ SHOULDER	☐ LEFT	☐ RIGHT	☐ BOTH
_____ CERVICAL SPINE		_____ ELBOW	☐ LEFT	☐ RIGHT	☐ BOTH
_____ THORACIC SPINE		_____ WRIST	☐ LEFT	☐ RIGHT	☐ BOTH
_____ LUMBAR SPINE		_____ HAND	☐ LEFT	☐ RIGHT	☐ BOTH
_____ CHEST		_____ KNEE	☐ LEFT	☐ RIGHT	☐ BOTH
_____ ABDOMEN		_____ ANKLE	☐ LEFT	☐ RIGHT	☐ BOTH
_____ PELVIC		_____ FOOT	☐ LEFT	☐ RIGHT	☐ BOTH
_____ OTHER _____		_____ HIP	☐ LEFT	☐ RIGHT	☐ BOTH

☐ Patient Claustrophobic ☐ Prior Surgery ☐ Pacemaker ☐ Pregnant ☐ PI: MVA/Slip Fall
☐ Metal Fragments ☐ Surgical Pins/Rods Implants ☐ Patient over 300 Lbs.