

## REQUEST FOR SERVICES

**BRING THIS FORM TO YOUR APPOINTMENT. Please check-in 15 minutes prior to exam.**

Date \_\_\_\_\_ Time \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Patient's Name \_\_\_\_\_  
LAST FIRST MI

Date of Birth \_\_\_\_\_ Phone \_\_\_\_\_ Insurance Authorization No. \_\_\_\_\_

### Physician Use Only

Extremity MRI Examination Requested: <input type="radio"/> Knee <input type="radio"/> Ankle <input type="radio"/> Foot <input type="radio"/> Elbow <input type="radio"/> Wrist <input type="radio"/> Hand <input type="radio"/> Right <input type="radio"/> Left	Side of Body: <input type="radio"/> Right <input type="radio"/> Left	Follow Up: <input type="radio"/> Routine <input type="radio"/> Call STAT <input type="radio"/> Hold patient <input type="radio"/> Return patient to office <input type="radio"/> Send patient home
IMAGE HANDLING: <input checked="" type="checkbox"/> Add to Web Ambassador <input type="checkbox"/> Send films <input type="checkbox"/> Send CD		
Area of Interest _____ _____		
Clinical History _____ _____		
Insurance Provider _____ Patient Insurance ID # _____		
(Diabetic: <input type="radio"/> Yes <input type="radio"/> No)   Allergies _____		
Creatinine/Date (CT/MR pts) _____ Diagnosis (ICD-9/ICD-10 code) _____		
Referring Physician Signature _____		Physician Name (Print) _____
Other Physician(s) requesting copy of report _____		

## IN PREPARATION FOR YOUR EXAMINATION

### PATIENT REMINDERS

- » Patients with pacemakers or brain aneurysm chips cannot be scanned
- » Please avoid any clothing with snaps, buttons, zippers or other fasteners made from metal
- » Leave all jewelry, metallic objects, and valuable at home
- » Give this form to the receptionist
- » Allow sufficient time for examination(s) - up to 1 hour
- » Bring insurance card and I.D.
- » Arrive 15 minutes early for paperwork
- » If you believe you could be pregnant, have permanent tattoo, or a drug patch, please inform our staff by phone before your appointment

### DRIVING DIRECTIONS

#### FROM GOLETA

101 South  
 Exit Las Positas Road  
 Turn Left at Las Positas Road  
 Turn Right at State Street  
 Slight Right at De la Vina Street  
 Facility will be on your left

#### FROM MONTECITO

101 North  
 Exit Las Positas Road  
 Turn Right at Las Positas Road  
 Turn Right at State Street  
 Slight Right at De la Vina Street  
 Facility will be on your left

#### FROM COTTAGE HOSPITAL

Take Bath Street toward W Quinto Street  
 Turn Left at Quinto Street  
 Take first Right at Bath Street  
 Turn Right at W Alamar Avenue  
 Turn Left at De la Vina Street  
 Facility will be on your Right

### MAP & CONTACT

**Santa Barbara Extremity MRI**  
**2936 De la Vina Street, Suite 205**  
**Santa Barbara, CA 93105**  
**P: 805.770.2054 | F: 805.879.9053**



**\*If you cannot keep your appointment, please call to reschedule at least 24 hours in advance\***

**THANK YOU FOR CHOOSING SANTA BARBARA EXTREMITY MRI**