

HIGH RESOLUTION MRI • OPEN MRI • SPIRAL CT • ULTRASOUND • X-RAY
POSITRON EMISSION TOMOGRAPHY (PET/CT)

HALO

DIAGNOSTICS

John F. Feller, M.D., Chief Medical Officer
Steven Gunberg, DO • Felipe Espinoza, MD • Christopher Hancock, MD • Adam Brochert, MD

X-RAY REFERRAL FORM

Patient MUST hand carry the referral form and call ahead for appointment

Phone: (760) 346-3932

Date of Order: _____

Patient's Name: _____ Social Security: _____

Phones: _____
Home Cellular Work

Referring Physician: _____ Office Phone: _____

Physician Signature: _____ Office Fax: _____

Clinical History/Diagnosis: _____

	<input type="checkbox"/>	SURVEY (1-2 Views)		<input type="checkbox"/>	COMPLETE (3-5 Views)		<input type="checkbox"/>	COMPLETE + (6 or more views)
CHEST	_____		R		L			
HEAD	_____		R		L			
SPINE	_____		R		L			
OTHER	_____		R		L			

*Most Insurance Plans are Welcome
Discounted Cash Pricing is also available*

Jun-20

(X-RAY'S REQUIRING FLUOROSCOPY AND DEXA SCAN ARE NOT AVAILABLE)

Indian Wells - Hours of Operation

Mon thru Fri 9:00 AM to 5:00 PM

MUST call for appointment

Valid State ID and Insurance Information will be Required at Time of Service if using insurance benefits.

Some weekends available, call ahead.

**Located inside Executive Urgent Care
74785 Highway 111, Suite 100, Indian Wells**

