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





John F. Feller, M.D., Chief Medical Officer Steven Gunberg, DO • Jonathan Blevins, 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/Diagnosi	is:				
SURVEY (1-2 View		COMPLETE (3-5 Views)	COMPLET (6 or more v		
CHEST		R L		ost Insurance Plans are Welcome unted Cash Pricing is also available	
HEAD		R L			
SPINE		R L			
OTHER		D I			

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

Indian Wells - Hours of Operation

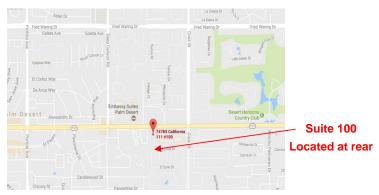
Mon thru Fri 9:00 AM to 5:00 PM

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



Oct-20