

Referral for MRI

1910 Blanding Street, Columbia, SC 29201
Fax: (803) 933-6756 ❖ Phone: (803) 256-4107

Patient Information

Name: _____
Street address: _____
City: _____ State: _____
Zip: _____ Phone: _____

Referring Physician: _____
Primary Care Physician _____

Use the drop boxes below to choose which procedures are to be performed.

Conservative Treatments (Please check any that apply):

- Home Exercise
- Injections
- Activity modification
- Physical or Occupational Therapy (if checked please note dates and outcome)

Other treatment (Please specify) _____

Check any **medications** taken for this issue:

- NSAIDS
- Narcotics
- Acetaminophen
- Steroids
- Other (Please specify) _____

Please indicate any **x-ray findings, listing exact signs and symptoms:**

If a peer to peer is requested by the carrier who should be contacted?
Name _____ Phone _____

**Please attach all related Medical Records
and a copy of Insurance cards/ information.**