



TRISTATE RADIOLOGY CENTER

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www.tsradiology.com

Please bring the following items with you to your appointment:

this referral slip

◆
all prior related x-rays/scans

◆
health insurance card & picture I.D.

◆
pre-authorizations you may have received

Appointment Date: _____ Appt. Time: _____

Patient Name: _____ Phone: _____

Referring Physician: _____ Phone: _____

Examination Requested: _____

Diagnosis and Codes: _____

Special Instructions: _____

Referring Physician's Signature: _____

Phone report to: _____

Fax report to: _____

Additional report to: _____

Send films/CD to doctor: _____

Address: _____

Send films/CD with patient to: _____

