



Vacaville

IMAGING CENTER™

Direct Referral

**Vacaville Imaging
Center**
600 Nut Tree Road,
Suite 110
Vacaville,
CA 95687

SCHEDULING:

T: (916) 919-1501

F: (916) 921-6832



www.RadNet.com

Appointment Date & Time: _____ D.O.B.: _____

Patient Name: _____ Phone: _____

Referring Physician: _____ Phone: _____

Examination Requested: _____

Clinical Impression: _____

Special Instructions: _____

Referring Physician's Signature: _____

- Send films with patient
- Send films & report by courier
- Routine Report
- Phone Report
- Fax Preliminary Report
- Comments: _____

Services Available:

MRI,
MRA,
Helical CT,
Mammography,
Fluoroscopy,
Ultrasound,
Diagnostic Radiology

Please Remember to Bring the Following:

- 1 - This Referral Slip
- 2 - All Prior Related X-Rays & Scans
- 3 - Health Insurance Card & Photo ID
- 4 - Pre-Authorizations

