THE MRI CENTER

www.TheMRICenterMS.com

CEDAR LAKE
1720-C Medical Park Dr.
Biloxi, MS 39532
228-354-0251

EAST LAKE
6300-B East Lake Blvd.
Gautier, MS 39565
228-447-4MRI (4674)

Formerly Cedar Lake MRI

FACSIMILE TRANSMITTAL INFORMATION

To: The MRI Center | **Fax Hotline: 228-396-3550** | **Date:**_____

APPOINTMENT PRIORITY

☐ **Urgent** ☐ **Priority** (Next Available) ☐ **Routine** ☐ **Work Comp**

Referring Provider: _____

Contact Name: _____

Phone:_____ Fax: _____

PATIENT INFORMATION

Name:_____ Date of Birth:_____

Phone #:_____

Reason for Exam/Clinical Indications:

_____

_____

Body Part: _____

_____

☐ **Left** ☐ **Right** ☐ **Bilateral** ☐ **Without Contrast** ☐ **With & Without**

REFERRING PROVIDER SIGNATURE: _____

PLEASE SEND: ✔ **Demographic Sheet** ✔ **Diagnostic Tests/Studies** ✔ **Last Medical Note**