RADIOLOGY MEDICAL GROUP OF SANTA CRUZ COUNTY, INC.

Radiology Referral Form

Referral is valid for 90 days from date of request

Phone: (831) 476-7711
Fax: (831) 476-6189
www.rmgscc.com

Patient Name: _____ DOB: _____ Phone: _____

Referring Physician (Please print clearly): _____

Referring Physician Signature: _____

Report to Additional Physician(s): _____

Patient's Insurance: _____ ID# _____

Exam:

BONE DENSITOMETRY

- ☐ DEXA
- ☐ Vertebral Fracture Analysis *NEW
- ☐ DEXA with Vertebral Fracture Analysis
- ☐ DEXA Axial Skeleton (lumbar and hip)
- ☐ Peripheral BMD (forearm)

X-RAY

Exam:_____

_____

_____

_____

_____

☐ Stat

ULTRASOUND

Exam:_____

_____

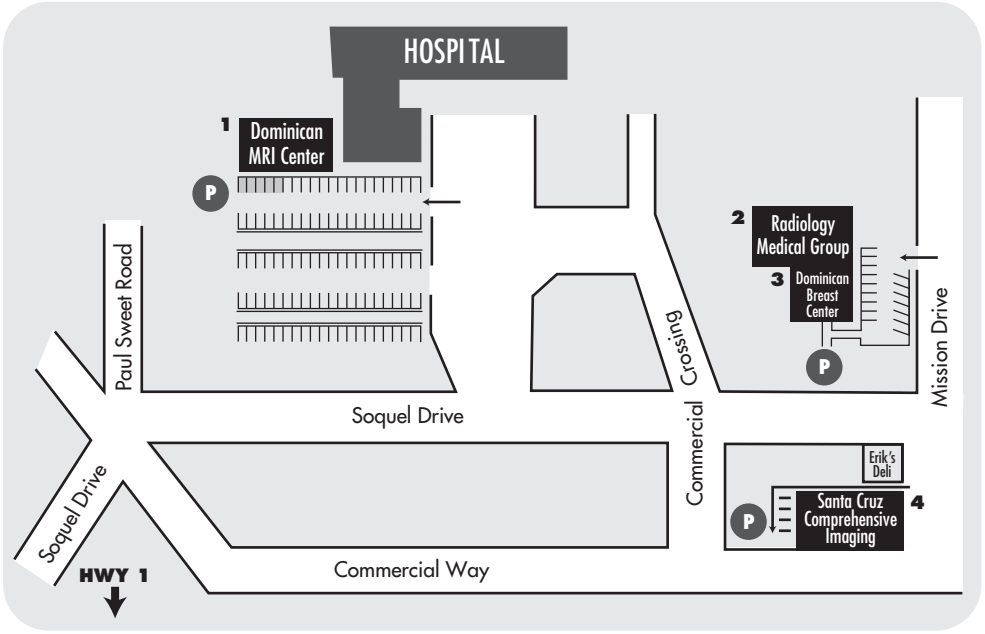
_____

_____

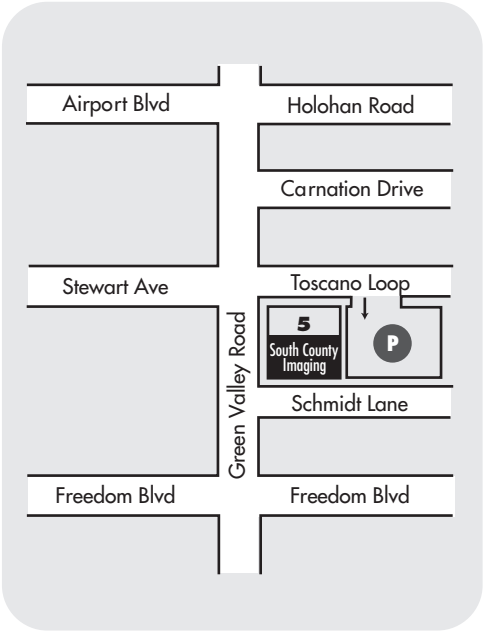
_____

☐ Stat

History/Diagnosis: _____



*Maps not to scale



1 Dominican MRI Center
1545 Soquel Dr.
Santa Cruz, CA 95065
831-476-7711

2 Radiology Medical Group of Santa Cruz County, Inc.
1661 Soquel Dr. Bldg G
Santa Cruz, CA 95065
831-476-7711

3 Dominican Breast Center
1661 Soquel Dr. Bldg G
Santa Cruz, CA 95065
831-476-7711

4 Santa Cruz Comprehensive Imaging
1685-B Commercial Way
Santa Cruz, CA 95065
831-476-7711

5 South County Imaging
108 Green Valley Rd. #B
Freedom, CA 95019
831-476-7711