



BLUE LAKE OPEN MRI

NPI: 1831915750

Phone: (659) 444-4422 | Fax: (659) 444-4423

3105 Blue Lake Dr | Vestavia Hills, AL 35243

bluelakeopen.com

REFERRAL

Patient Information

Patient Name: _____ Date of Birth: _____

Phone Number: _____

Address: _____

City, State, Zip: _____

Insurance: _____ Contract #: _____

Group #: _____ Name on Insurance: _____

Diagnosis/Indication: _____

Referral Office Information

Referring Physician: _____ Signature: _____

Office Contact: _____

Phone: _____ Fax Number: _____

Please Evaluate For:

- | | |
|---|---|
| <input type="checkbox"/> MRI Head W/O Contrast (70551) | <input type="checkbox"/> MRI Thoracic Spine W/O Contrast (72146) |
| <input type="checkbox"/> MRI Cervical Spine W/O Contrast (72141) | <input type="checkbox"/> MRI Lumbar Spine W/O Contrast (72148) |
| <input type="checkbox"/> MRI Chest W/O Contrast (71550) | <input type="checkbox"/> MRI Pelvis W/O Contrast (72195) |
| <input type="checkbox"/> MRI Upper Extremity W/O Contrast (73218) | <input type="checkbox"/> MRI Lower Extremity W/O Contrast (73718) |
| <input type="checkbox"/> MRI Upper Extremity Joint W/O Contrast (73221) | <input type="checkbox"/> MRI Lower Extremity Joint W/O Contrast (73721) |

Specific Body Part(s): _____

Please contact the office for Arthrogram options, information, and scheduling.

- | | |
|---|---|
| <input type="checkbox"/> MRI Lower Extremity Joint W/Contrast (73722) | <input type="checkbox"/> MRI Upper Extremity Joint W/Contrast (73222) |
|---|---|

Please fax completed form to (659) 444-4423.