MIMRIC (Minimally Invasive MR Interventional Center)

Tel: (650) 498-6148 Fax: (650) 498-8933

Hours: Monday – Friday 8:00am – 5:00pm Website: stanfordhealthcare.org/mimric



	Last Name:	First Nan	ne:	□ Male □ Female □ Other	
	Address:	Best Contact Phone Number/s:			
	MRN:	Date of Birth:	Weight #:	Height#:	
	Specify other considerations (e.g. i	nterpreter):	IS PATIENT P	PREGNANT? □ Yes □ No □ N/A	
	Please provide Pre-Authorization Assistance for consult (<i>Please Fax Card</i>): ☐ Yes ☐ No				
				No Authorization Required	
	insurance rrovider & roncy #	Authorization	1 #		
	Clinic/Office:				
				Fax #	
	Ordering Physician:	Print Name	Best	Contact Phone Number or Pager #	
	Office Contact:	Print Name			
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	***MUST RECEIVE CLINICAL HISTORY, PATHOLOGY SLIDES AND IMAGING DISKS TO SCHEDULE ***				
	Type of Service/Specialty Requested: ☐ Consultation ☐ 2nd Opinion ☐ Procedure ☐ Other				
	ICD Code/s: (Required)				
Z ~	Referral Reason/History:				
A 36-					
LT 0) 7	Imaging History (CT, MRI, PET/CT, PET/MR, Ultrasound): Include below the exam name, completion date, reference key				
CONSULTATION Line (650) 736-1173	series and image number. Studies preferred with contrast.				
ne ne	Mail prior CDs to: Stanford Health Care, MIMRIC Patient Care Coordinator, 300 Pasteur Dr., RM HG016/MC5227, Stanford, CA, 94305.				
Ç.	Exams:				
K sult	Pathology Slides: ☐ Yes ☐ No Pathology Report: ☐ Yes ☐ No Date of Pathology:				
FOR Sonsul	Pathology Location (include location name and phone number):				
	The state of the s				
RA icia	☐ Biopsy:				
ER	☐ Prostate ☐ Liver ☐ Soft Tissue				
MIMRIC REFER Physician to Phy	□ Lymphangiogram:				
RE te	Peripheral/Extremity: □ Upper Left □ Upper Right □ Lower Left □ Lower Right Central: □ Chest □ Abdomen □ Pelvis				
iar C	□ Neurosciences:				
RI sic	☐ Essential Tremor ☐ Parkinson's Disease				
Λď	Oncology:				
$\mathbf{E}_{\mathbf{r}}$	☐ Prostate Cancer ☐ Bone Metastasis ☐ Soft Tissue Tumor/Desmoid Fibromatosis/Vascular Malformation ☐ Women's Health:				
. 1	☐ Women's Health: ☐ Uterine Fibroid MR Guided Focused Ultrasound (HIFU) ☐ Endometriosis of the Abdominal Wall (Cryoablation)				
	☐ Clinical Trials:				
	☐ MR Guided TULSA (Transurethral Ultrasound Ablation) (Contact Research Coordinator (650) 498-8496)				
	☐ Osteoid Osteoma MR Guided Focused Ultrasound (HIFU) (Contact Research Coordinator (650) 723-0341)				



Our online physician portal, Stanford MedLink, offers you and your delegates the ability to create a referral or an order. You can also access your patients' charts, physician notes, test results, and images, to stay up-to-date on your patient's care.