

The Imaging Center & Open MRI

5116 W. GORE BLVD. LAWTON, OK 73505 580-353-7226
SOONER SQUARE

PHYSICIANS ORDER

NAME: _____ DOB: _____

APPT DATE: _____ PHONE: _____

PLEASE SCHEDULE PATIENT APPOINTMENT

PROCEDURE: MRI MRA CT XRAY ULTRASOUND MAMMOGRAM
MYELOGRAM ARTHROGRAM CORE BIOPSY FINE NEEDLE ASPIRATION NEEDLE LOCALIZATION
BONE DENSITY ECHO EKG VENOUS DOPPLER ARTERIAL STUDIES NUCLEAR MEDICINE

SPECIAL INSTRUCTIONS: _____

DIAGNOSIS: _____

REFERRING PHYSICIAN: _____

PHYSICIAN SIGNATURE: _____

****PLEASE FAX ORDER TO (580) 353-7297****

