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WE CARE MEDICAL MALL REFERRAL FORM

We are a California based company who works with imaging centers to give non-insured patients a discount on imaging services. We have locations all over California.

To refer a patient, simply fill out the information below and fax to 866-380-6337

Patient Name: _____ D.O.B: _____

Patient Address: _____

City: _____ State: _____ Zip: _____

Patient Home Phone: _____ Alternate Phone: _____

Referring physician: _____

Address: _____

City: _____ State: _____ Zip: _____

Office Phone: _____ Office Fax: _____

Examination Requested: _____

Clinical Impression: _____

_____ Send Films/Disk with Patient _____ Fax Report: _____

Referring Physician Signature: _____ Date: _____