

Department of Radiology
REFERRING PHYSICIAN FAX FORM
(Unknown Provider)



If this is your first time referring to Stanford Imaging please complete this ONE TIME form for the Medical Staff Office provider data base.

Fax the form: 650-498-6097
Attention: Referring Provider Services

REFERRING PHYSICIAN INFORMATION

NAME: _____

ADDRESS: _____

CITY, STATE: _____

ZIP CODE: _____

PHONE NUMBER: _____

OFFICE FAX NUMBER: _____

EMAIL ADDRESS: _____

NPI NUMBER: _____

LICENSE NUMBER: (Note: For CA license - 5 numbers preceded by an alpha digit)

SPECIALTY: _____

Patient Name: _____
Date of Birth: _____
Accession #: _____
Scheduled By: _____ Scheduled Date: _____
Radiology Scheduling Staff Use Only