

**MIMRIC (Minimally Invasive MR Interventional Center)****Tel: (510) 974-8416 Fax: (650) 498-8933**

Hours: Monday – Friday 8:00am – 5:00pm

Website: stanfordhealthcare.org/mimric

**Stanford**  
HEALTH CARELast Name: \_\_\_\_\_ First Name: \_\_\_\_\_ ☐ Male ☐ Female ☐ Other

Address: \_\_\_\_\_ Best Contact Phone Number/s: \_\_\_\_\_

MRN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Weight #: \_\_\_\_\_ Height#: \_\_\_\_\_

Specify other considerations (e.g. interpreter): \_\_\_\_\_ **IS PATIENT PREGNANT?** ☐ Yes ☐ No ☐ N/APlease provide Pre-Authorization Assistance for consult (*Please Fax Card*): ☐ Yes ☐ NoInsurance Provider & Policy # \_\_\_\_\_ Authorization # \_\_\_\_\_ ☐ No Authorization Required

Clinic/Office: \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Ordering Physician: \_\_\_\_\_ Print Name \_\_\_\_\_ Best Contact Phone Number or Pager # \_\_\_\_\_

Office Contact: \_\_\_\_\_ Print Name \_\_\_\_\_

**\*\*\*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**) \_\_\_\_\_

Reason for Consult: \_\_\_\_\_

History: \_\_\_\_\_

**Imaging History (CT, MRI, PET/CT, PET/MR, Ultrasound):** Include below the exam name, completion date, reference key series and image number. Studies preferred with contrast.**Mail prior CDs to:** Stanford Health Care, MIMRIC Patient Care Coordinator, 7600 Gateway Blvd. M/C 5948 Newark, CA 94560.

Exams: \_\_\_\_\_

**Pathology Slides:** ☐ Yes ☐ No **Pathology Report:** ☐ Yes ☐ No Date of Pathology: \_\_\_\_\_**Preferred Date for Consultation:** \_\_\_\_\_ **Physician Requested:** \_\_\_\_\_☐ **Biopsy:**  
☐ Prostate ☐ Liver ☐ Soft Tissue☐ **Lymphangiogram:**  
Peripheral/Extremity: ☐ Upper Left ☐ Upper Right ☐ Lower Left ☐ Lower Right  
Central: ☐ Chest ☐ Abdomen ☐ Pelvis☐ **Neurosciences:**  
☐ Essential Tremor  
☐ Tremor Dominant Parkinson Disease (FDA approved but not currently covered by insurance)☐ **Oncology:**  
☐ Prostate Cancer ☐ Bone Metastasis ☐ Soft Tissue Tumor/Desmoid Fibromatosis/Vascular Malformation☐ **Women's Health:**  
☐ Uterine Fibroid MR Guided Focused Ultrasound (HIFU)☐ **Clinical Trials:**  
☐ Prostate Cancer MR Guided Focused Ultrasound (HIFU) (Contact Research Coordinator (650) 498-8496)  
☐ Osteoid Osteoma MR Guided Focused Ultrasound (HIFU) (Contact Research Coordinator (650) 724-0156)Physician Referral and Information  
at Stanford MedicinePhysician Referral Information at Stanford Medicine (PRISM) is our online  
portal for referring physicians.

Prefer to send referrals online (no need to fax).

Sign up at: **prism.stanfordhealthcare.org****MIMRIC REFERRAL FOR CONSULTATION**  
Physician to Physician Consult Line (650) 736-1173