

## 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 CARE

### SELF-REFERRAL FOR CONSULTATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ ☐ Male ☐ Female ☐ Other

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

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

Specify other considerations (e.g. interpreter): \_\_\_\_\_ **ARE YOU PREGNANT?** ☐ Yes ☐ No ☐ N/A

Insurance Company Name: \_\_\_\_\_ Type of Policy (i.e. HMO, PPO, etc.): \_\_\_\_\_

Subscriber ID #: \_\_\_\_\_ Group #: \_\_\_\_\_

Subscriber Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Relation to Patient: \_\_\_\_\_ Member Customer Service Phone Number: \_\_\_\_\_

**Referring Provider:** \_\_\_\_\_ Specialty: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

☐ I do not have a provider/physician.

**\*\*\*MUST RECEIVE CLINICAL HISTORY, PATHOLOGY SLIDES AND IMAGING DISKS TO SCHEDULE \*\*\***

**Type of Service/Specialty Requested:** ☐ Consultation ☐ 2nd Opinion ☐ Procedure ☐ Other \_\_\_\_\_

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

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

**Imaging History (CT, MRI, PET/CT, PET/MR, Ultrasound):** Include below the exam name and completion date.

**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)



Mobile app available on



#### Stanford Health Care

- Send messages to your care team
  - Schedule appointments *myHEALTH*
  - Check lab results
  - Review medical history
  - View prescriptions
  - Pay bills
- [myhealth.stanfordhealthcare.org](http://myhealth.stanfordhealthcare.org)