

**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



**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

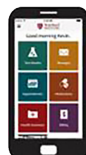
**Women's Health:**

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)



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