

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

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): _____ **IS PATIENT PREGNANT?** Yes No N/A

Please provide Pre-Authorization Assistance for consult (*Please Fax Card*): Yes No

Insurance 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)

MIMRIC REFERRAL FOR CONSULTATION
Physician to Physician Consult Line (650) 736-1173



Physician Referral and Information
at Stanford Medicine

Physician 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