



**VOYAGEUR**<sup>TM</sup>  
IMAGING, LLC

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## **MRI REFERRAL** Same Day Appointments Available: (651) 647-0000

Today's Date: \_\_\_\_\_ Appointment Date & Time: \_\_\_\_\_ / \_\_\_\_\_  
Patient Name: \_\_\_\_\_  
First Name Last Name  
Date of Birth: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_

### **MRISCANS**

- |   |   |                                      |                                   |
|---|---|--------------------------------------|-----------------------------------|
| <input type="checkbox"/> Brain          | <input type="checkbox"/> Shoulder L - R | <input type="checkbox"/> Knee L - R  | <input type="checkbox"/> Pelvis   |
| <input type="checkbox"/> Cervical Spine | <input type="checkbox"/> Elbow L - R    | <input type="checkbox"/> Hip L - R   | <input type="checkbox"/> Prostate |
| <input type="checkbox"/> Thoracic Spine | <input type="checkbox"/> Wrist L - R    | <input type="checkbox"/> Ankle L - R | <input type="checkbox"/> _____    |
| <input type="checkbox"/> Lumbar Spine   | <input type="checkbox"/> _____          | <input type="checkbox"/> Foot L - R  |                                   |
| <input type="checkbox"/> _____          |   |                                      |                                   |

### **SYMPTOMS & CLINICAL FINDINGS**

- ☐ Headache
- ☐ Neck Pain
- ☐ Mid-Back Pain
- ☐ Low Back Pain
- ☐ Muscle Spasm
- ☐ Decrease ROM

### **REASON FOR REFERRAL**


### **PRECAUTIONARY SCREENING**

- |                        |                              |                             |
|------------------------|------------------------------|-----------------------------|
| Patient Pregnant       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Metallic Implants      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Cardiac Pacemaker      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Aneurysm Clip in Brain | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Shrapnel               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

### **TYPE OF CLAIM**

- ☐ WORK COMP   ☐ AUTO   ☐ OTHER

Atty Name/Ph#: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Address: \_\_\_\_\_

Claim #: \_\_\_\_\_

DOI: \_\_\_\_\_

### **REFERRING PHYSICIAN**

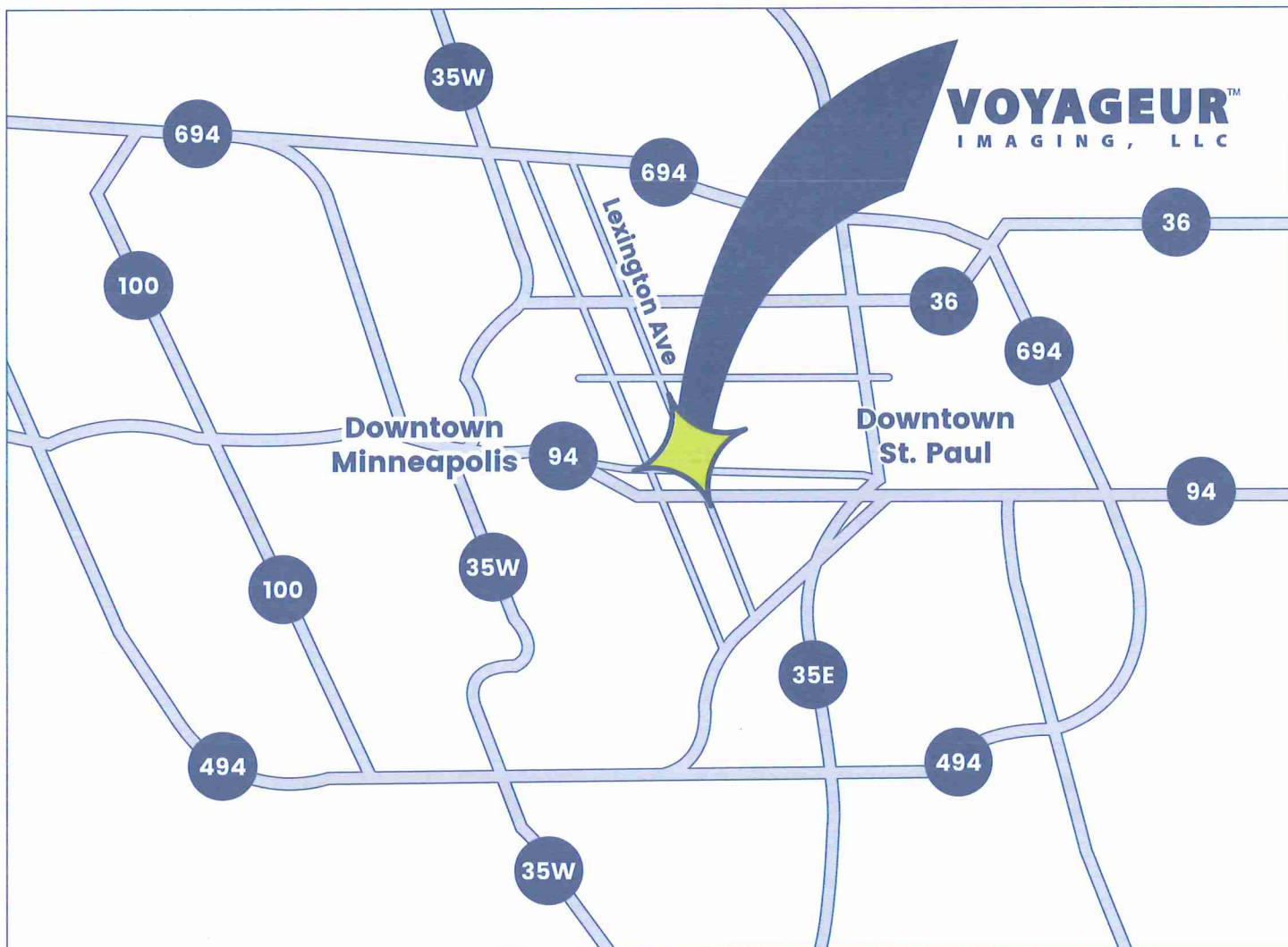
Doctor Name: \_\_\_\_\_

Doctor Signature: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Report: ☐ Fax   ☐ Email   ☐ Portal

**SEE REVERSE FOR MAP AND DIRECTIONS**



## DIRECTIONS:

**FROM MINNEAPOLIS:** I-94 East to Lexington Parkway. Exit and turn left onto Lexington, crossing over I-94. Turn Left on to Frontage Road. Concordia St. Paul Building is the large brick building to the right.

**FROM EAST ST. PAUL:** I-94 West to Lexington Parkway. Exit to Lexington onto Frontage Road. Concordia St. Paul Building is the large brick building to the right.

**FROM NORTH OF ST. PAUL:** Take 35E South to I-94 West. Exit at Lexington Parkway. Cross over Lexington onto Frontage Road. Concordia St. Paul Building is the large brick building to the right.

**FROM SOUTH OF ST. PAUL:** Hwy. 52 North to I-94 West. Exit at Lexington Parkway. Cross over Lexington onto Frontage Road. Concordia St. Paul Building is the large brick building to the right.



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