

**MIMRIC (Minimally Invasive MR Interventional Center)**

Tel: (650) 498-6148 Fax: (650) 498-8933

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

Website: stanfordhealthcare.org/mimric



**Stanford**  
MEDICINE

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 \_\_\_\_\_

Referral Reason/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, 300 Pasteur Dr., RM HG016/MC5227, Stanford, CA, 94305.

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

**Pathology Slides:**  Yes  No **Pathology Report:**  Yes  No Date of Pathology: \_\_\_\_\_

**Pathology Location (include location name and phone number):** \_\_\_\_\_

**Biopsy:**  Prostate  Liver  Soft Tissue

**Lymphangiogram:** Peripheral/Extremity:  Upper Left  Upper Right  Lower Left  Lower Right  
Central:  Chest  Abdomen  Pelvis

**Neurosciences:**  
 Essential Tremor  Parkinson’s Disease

**Oncology:**  
 Prostate Cancer  Bone Metastasis  Soft Tissue Tumor/Desmoid Fibromatosis/Vascular Malformation

**Women’s Health:**  
 Uterine Fibroid MR Guided Focused Ultrasound (HIFU)  Endometriosis of the Abdominal Wall (Cryoablation)

**Clinical Trials:**  
 MR Guided TULSA (Transurethral Ultrasound Ablation) (Contact Research Coordinator (650) 498-8496)  
 Osteoid Osteoma MR Guided Focused Ultrasound (HIFU) (Contact Research Coordinator (650) 723-0341)



Mobile app available on



**Stanford Health Care**

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  - Check lab results
  - Review medical history
  - View prescriptions
  - Pay bills
- [myhealth.stanfordhealthcare.org](http://myhealth.stanfordhealthcare.org)