PHONE
(972) 421-SCAN (7226)
FAX
(972) 759-5150

CROWN IMAGING

GREENVILLE & WALNUT HILL,
7515 GREENVILLE AVE.
STE. 200
DALLAS, TX 75231
(MAP LOCATED ON BACK)

PATIENT REFERRAL FORM

Date _____ ***Name** _____ ***DOB** _____ **Referring Dr.** _____

***BEST Contact #** _____ ○ **Work** ○ **Home** ○ **Cell** **2nd Phone #** _____

Diagnosis _____

○ **Please Schedule with Patient** ○ **Please call office to Schedule** ***Requested* Appointment Date** _____

☐ **STAT report** **Phone # for STAT call** _____

CD NEEDED ○ **Y** ○ **N** ○ Deliver to office ○ Send with Patient

***Ordering Physician's Signature** **(Legally Required)** _____

CT Low Dose Chest Scan

☐ **Please order this low dose CT for patient above.**

Patient has history of Tobacco Use ○ Yes ○ No

Patient is a current user of Tobacco ○ Yes ○ No