

Diagnostic Imaging Referral

Stephen M. Howell, M.D.

8100 Timberlake Way Suite F, Sacramento CA 95823

Office: 916.689.7370 Fax: 916.688.5610

South Sacramento

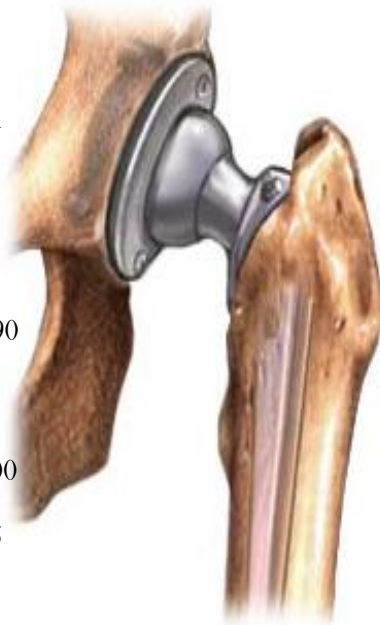
- **RAS South Imaging**
8118 Timberlake Way Suite 110
Sacramento, CA 95823
T: 916.681.8852 F: 916.681.8891

Downtown Sacramento

- **RAS Fort Sutter Diagnostic**
2801 K Street, Suite 110
Sacramento, CA 95816
T: 916.733.5051 F: 916.456.3590

Auburn Area

- **RAS Auburn Imaging**
3123 Professional Drive, Suite 100
Auburn, CA 95603
T: 530.888.8878 F: 530.888.7635



Arden / Howe Area

- **RAS Campus Commons Imaging**
2 Scripps Drive, Suite 110
Sacramento, CA 95825
T: 916.929.3393 F: 916.929.1827

Roseville Area

- **RAS Roseville Imaging**
1640 E. Roseville Parkway, Suite 100
Roseville, CA 95661
T: 916.784.2277 F: 916.784.2670

Folsom Area

- **RAS Folsom Imaging I**
1655 Creekside Drive
Folsom, CA 95630
T: 916.984.0739 F: 916.784.2670

Carmichael Area

- **RAS Carmichael Imaging**
6620 Coyle Avenue, Suite 110
Carmichael, CA 95608
T: 916.961.4910 F: 916.965.6855

PATIENT

Patient Name: _____ DOB: _____
 Home Phone #: _____ Cell Phone #: _____
 Insurance Carrier/Medical Group: _____ ID #: _____

➡ Please bring your insurance card to your x-ray appointment ←

EXAM

Exam Requested: AP PELVIS / AP LAT BOTH HIPS TO INCLUDE PROXIMAL 2/3 OF FEMUR

Diagnosis: DJD BILATERAL HIP / HIP PAIN ICD-9: 715.95

Provider Name (please print): Stephen M. Howell, M.D. Provider's Signature: _____

Note to Patient: Please be sure to hand carry your x-rays to your scheduled appointment with Dr. Howell. Appointments can be made at above mentioned facility and Walk-ins are welcome.

➡ You may use any location closet to you that may not be on this form. ←
Please contact those facilities for further details.

APPT. PROVIDER

Appointment Date: _____ Appointment Time: _____ am/pm

Patient to hand carry films to scheduled appointment

