

○ **DOWNTOWN** – 1331 Lady St., Columbia, SC 29201

○ IRMO – 7182 Woodrow St., Suite 101, Irmo, SC 29063

○ NORTHEAST – 710 Rabon Rd., Suite 100, Columbia, SC 29203

○ WEST COLUMBIA – 2997 Sunset Blvd., West Columbia, SC 29169

Personal	Injury	Referral	Form
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Preferred medical funding (lien) company: No preference				
Patient name: Date of birth:				
Telephone: Date of injury:				
Clinical indications/signs/symptoms:				
Service				
\square Radiologist Discretion \square With contrast \square Without contrast \square With and without contrast				
○ CT:				
□ Radiologist Discretion □ With contrast □ Without contrast				
O Other:				
Attorney Name				
Attorney name: Contact person:				
Attorney address:				
City: State: Zip:				
Attorney phone: Fax:				
Referring Physician				
Physician name:				
Physician address:				
City: State: Zip:				
Physician phone: Fax:				
Physician signature: Date:				