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It's Time To Re-Order

REFERRING PHYSICIAN _____ DATE _____

Name _____

Specialty _____

Contact Person _____

Office Phone Number _____

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Location

1. _____

2. _____

Do you need Diagnostic X-Ray RX Pads? Yes No Qty _____

Do you need Breast Imaging RX Pads? Yes No Qty _____

Please complete and Fax Request to: 714-285-1293

or Mail to:

West Coast Radiology Marketing Dept.

1100-A N. Tustin Avenue

Santa Ana, CA 92705