Date: ________________

Dear Patient,
This notice serves as a disclosure to you, the patient, that the advanced imaging service(s) (MRI, CT, & PET) that has been ordered for you may be obtained from a person other than the referring physician or his/her group practice.

There are no other offices known to the ordering physician within a 25 mile radius of the place of referral where you would be able to obtain the prescribed service(s).