

It's time...

to reorder your NRAD referral pads

Dear Physician or Administrator:

If you do not have any more pads, please take a moment to fill out the information below so that we may supply you with additional referral forms.

Name & Address of Your Practice:

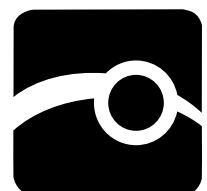
Office Phone: () - _____

of Referral Pads Requested: _____

Please fax this form to: **(516) 222-8475**, OR Mail this form to us at:
Nassau Radiologic Group, P.C., 990 Stewart Avenue, Garden City, N.Y. 11530.

Thank you.

Nassau Radiologic Group, P.C. & Affiliates



basic pad