



EXAM REQUEST



- CALL PATIENT TO MAKE APPOINTMENT PRIORITY STUDY
 CALL/FAX US TO CONFIRM RECEIPT OF THIS REQUEST STAT STUDY: CALL WITH RESULTS-Tel# _____

Patient Name _____ D.O.B. _____ Sex: _____

Insurance Type _____ Policy# _____ Telephone _____

PreAuth Approval or Case #: _____ PreAuth Summary Attached _____ WC _____ Auto Accident _____

Medicare Appropriateness Score (MR/CT): _____ G Code: _____ Modifier: _____

Test Requested (Patient should bring prior CD's and reports) Side: LEFT RIGHT BILAT N/A
 _____ Diagnosis Code(s) _____

History/Symptoms _____
 Clinical notes may be requested as part of the insurance pre-authorization review for MRI and CT studies. If applicable, please fax these along with the exam request, especially prior X-Ray or ultrasound reports.

Previous treatment or therapy for this: _____

MODALITY REQUESTED

- 3T MRI (Cumberland site) Short-Bore MRI Open-Sided MRI
 X-Ray Arthrogram IVP
 CT / 3D Images Bone Density

Contrast With Without Per Radiologist Protocol

ULTRASOUND (Specify test/anatomy)

- Abdomen _____
 Extremity _____
 Head/Neck _____
 Obstetric _____
 Pelvic _____
 Vascular _____
 Other _____

*Note: Doppler used per protocol unless specified without

Please indicate if patient has contraindications to MRI or Contrast None Known Note _____

A blood test for GFR may be requested for patients receiving contrast.

Special patient needs or any communicable condition(s) _____

Exam Ordered By:

Doctor's Name _____ Tel. _____ Fax _____

Office location _____ CC Report to: _____

Signature _____ Date _____

Image options Note: All Images & Reports are automatically posted to our secure Web Portal. Contact us to obtain login information.

- Patient to hand carry CD Other: _____
 CD delivered to your office

APPOINTMENT INFORMATION

The exam has been scheduled for:

Date: _____ Time: _____

Circle Preferred Location:

<p>CUMBERLAND 525 Broad Street Cumberland, RI 02864 (At Ann & Hope Way) 3T MRI & Open MRI Tel: 401-725-6736 Fax: 401-726-2536 CT, XRAY, Ultrasound, Bone Density Tel: 401-727-4600 Fax: 401-727-4690</p>	<p>E. PROVIDENCE 1002 Waterman Ave. E. Providence, RI 02914 (Near Interstate 195 and Rt 6) Open MRI Tel: 401-431-5200 Fax: 401-431-5205 CT, XRAY, Ultrasound Bone Density Tel: 401-632-0888 Fax: 401-632-0533</p>	<p>N. SMITHFIELD 501 Great Rd. (146A) N. Smithfield, RI 02896 (Branch Village Offices, #202) Short-Bore MRI Tel: 401-766-3900 Fax: 401-766-3906 CT, XRAY, Ultrasound Bone Density Tel: 401-766-3900 Fax: 401-766-3906</p>	<p>PROVIDENCE 148 West River St. Providence, RI 02904 (Behind Main Post Office) Short-Bore MRI Tel: 401-621-5800 Fax: 401-621-8300 CT, XRAY, Ultrasound Bone Density Tel: 401-621-5800 Fax: 401-621-8400</p>	<p>WARWICK 335 Centerville Rd. Warwick, RI 02886 (In Office Commons 95) Short-Bore MRI & Open MRI Tel: 401-732-3205 Fax: 401-732-3276 CT, XRAY, Ultrasound, Bone Density Tel: 401-921-1800 Fax: 401-921-1802</p>	<p>WESTERLY 101 Airport Road Westerly, RI 02891 (South of the Westerly Airport) Open MRI Tel: 401-315-0095 Fax: 401-315-0092 XRAY Tel: 401-315-0095 Fax: 401-315-0092</p>
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www.openmriofne.com/doctor or advanced-radiology.com

SCHEDULING CENTER (For referrers and staff) Tel: 401-726-8500 • 866-973-8500 • Fax 401-726-8515