



EXAM REQUEST

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

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

Insurance Type, Telephone (H), (Cell)

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

Test Requested (Patient should bring prior films and reports) Side (Circle one): LEFT, RIGHT, BILAT, N/A, Diagnosis Code

History/Symptoms, Clinical notes may be requested as part of the insurance pre-authorization review for MRI and CT studies.

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

ULTRASOUND

- Abdomen, Pelvic/GYN, w/Doppler, Renal, Bladder, Scrotal, Aorta, Carotid, r/o DVT, Obstetrical, w/BPP, Nuchal Translucency, Thyroid, Breast, Other

Contrast With, Without, Per Radiologist Protocol

NOTE: Unless otherwise indicated, contrast will be administered per radiologist protocol. See back of form for clinical considerations.

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

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 Website (Fusion-CAP). Contact us to obtain login information.

CD ROM

- Delivered to Office, Patient to Hand Carry

Conventional film\*

- Delivered to Office, Patient to Hand Carry

\*Films provided on request, but we suggest CDs or online access due to lower environmental impact and cost.

APPOINTMENT INFORMATION

The exam has been scheduled for:

Date: Time:

Circle Preferred Location:

CUMBERLAND

525 Broad Street, Cumberland, RI 02864

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

E. PROVIDENCE

1002 Waterman Ave., E. Providence, RI 02914

Short-Bore MRI, Tel: 401-431-5200, Fax: 401-431-5205

CT, XRAY, Ultrasound, Bone Density, Tel: 401-632-0888, Fax: 401-632-0533

N. SMITHFIELD

501 Great Rd. (146A), N. Smithfield, RI 02896

Short-Bore MRI, Tel: 401-766-3900, Fax: 401-766-3906

CT, XRAY, Ultrasound, Bone Density, Tel: 401-766-3900, Fax: 401-766-3906

PROVIDENCE

148 West River St., Providence, RI 02904

Short-Bore MRI, Tel: 401-621-5800, Fax: 401-621-8300

CT, XRAY, Ultrasound, Bone Density, Tel: 401-621-5800, Fax: 401-621-8400

WARWICK

335 Centerville Rd., Warwick, RI 02886

Short-Bore & Open MRI, Tel: 401-732-3205, Fax: 401-732-3276

CT, XRAY, Ultrasound, Bone Density, Tel: 401-921-1800, Fax: 401-921-1802

WESTERLY

101 Airport Road, Westerly, RI 02891

Open MRI, Tel: 401-315-0095, Fax: 401-315-0092

XRAY, Tel: 401-315-0095, Fax: 401-315-0092

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