

ORDER FORM

PLEASE COMPLETE AND RETURN ORDER FORM

FAX TO : 855-345-5222

Please complete and sign the following order form for the studies that need to be provided. You may alternatively fax an existing script if you have one.

PATIENT INFORMATION

Name : _____

DOB : _____ Phone : _____

SERVICES REQUESTED

MRI CT Scan Mammogram Ultrasound X-Ray DEXA PET

ADDITIONAL INFORMATION ABOUT STUDY :

Include body part, contrast, etc. Include CPT code is available

REASON FOR STUDY :

Include Diagnosis Code if available

ORDERING PROVIDER INFORMATION

Provider Name : _____

Phone : _____ Fax : _____

Address : _____

Signature : _____ Date : _____

DO YOUR SELF-PAY PATIENTS NEED AFFORDABLE IMAGING?

The RadiologyAssist program is a free resource available to providers to help their uninsured patients. The program assists self-pay patients by providing affordable diagnostic imaging.

- Please send me referral information about the RadiologyAssist program
- Please send me patient literature about the RadiologyAssist program

Contact Name : _____ Phone : _____

Clinic Name : _____

Address : _____

Learn more about us : radiologyassist.com

GET HEALTHY GRANT

Did you know that providers can apply for the Get Healthy Grant on behalf of their patients? The grant, offered by RadiologyAssist, is a cash stipend paid towards the cost of the recipients diagnostic imaging. To be eligible for the grant, an application signed by the referring physician must be sent with the referral.

- Please send me more information and eligibility criteria for the Get Healthy Grant
- Please send me application forms for the Get Healthy Grant

Contact Name : _____ Phone : _____

Clinic Name : _____

Address : _____