



**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 (Circle one): 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** \_\_\_\_\_

**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 our office

**APPOINTMENT INFORMATION**

The exam has been scheduled for:

Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Circle Preferred Location:**

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

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