

Imaging Central



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Scheduling your appointment

When scheduling your appointment, you will need the following:

- a signed order from your doctor
- the ordering physician's name
- all medical history that is pertinent to your exam
- current insurance information

Email of person completing this form: _____

Patient name: _____

Patient date of birth: _____

Patient phone#: _____

Patient cell#: _____

Insurance Company: _____

Insurance Phone: _____

Insurance ID #: _____

Insurance Group #: _____

Pre-cert or prior auth #: _____

Study to be preformed: _____

Reason for study: _____

Referring Physician: _____

Ordering Physician phone #: _____

Ordering Physician fax #: _____

Comments: