



Patient Name:			
Order Date:		Phone:	DOB:
Insurance		ID#	Group #
Attorney Name & Phone:		DOI:	W/C Claim ID:
Physician: (please print)		Specialty:	Physician Signature:
Phone:		Fax:	
Authorization #:		Diagnosis/Indication:	
Report Request: ☐ Online (doctor portal) ☐ Fax		**Please send clinical with orders to expedite authorization process for advanced imaging**	

<table><tr><th>CPT</th><th>MRI</th></tr><tr><td>☐ 70336</td><td>TMJ</td></tr><tr><td>☐ 70540</td><td>FACE W/O</td></tr><tr><td>☐ 70543</td><td>ORBITS W & W/O</td></tr><tr><td>☐ 70543</td><td>NECK W & W/O</td></tr><tr><td>☐ 70551</td><td>BRAIN W/O</td></tr><tr><td>☐ 70553</td><td>BRAIN W & W/O</td></tr><tr><td>☐ 70553</td><td>PITUITARY W & W/O</td></tr><tr><td>☐ 70553</td><td>IAC'S W & W/O</td></tr><tr><td>☐ 71550</td><td>CHEST W/O</td></tr><tr><td>☐ 71552</td><td>CHEST W & W/O</td></tr><tr><td>☐ 72141</td><td>CERVICAL SPINE W/O</td></tr><tr><td>☐ 72146</td><td>THORACIC SPINE W/O</td></tr><tr><td>☐ 72148</td><td>LUMBAR SPINE W/O</td></tr><tr><td>☐ 72156</td><td>CERVICAL SPINE W & W/O</td></tr><tr><td>☐ 72157</td><td>THORACIC SPINE W & W/O</td></tr><tr><td>☐ 72158</td><td>LUMBAR SPINE W & W/O</td></tr><tr><td>☐ 72195</td><td>PELVIS W/O</td></tr><tr><td>☐ 72197</td><td>PELVIS W & W/O</td></tr><tr><td>☐ 73218</td><td>FOREARM W/O L R</td></tr><tr><td>☐ 73218</td><td>HAND W/O L 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☐ 72158	LUMBAR SPINE W & W/O																																																																																																																																																																																																																																																																																																																																																																																										
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☐ 74176	ABDOMEN & PELVIS W/O																																																																																																																																																																																																																																																																																																																																																																																										
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☐ 71275	CHEST (PE)																																																																																																																																																																																																																																																																																																																																																																																										
☐ 71275	CHEST (AORTA)																																																																																																																																																																																																																																																																																																																																																																																										
☐ 72191	PELVIS																																																																																																																																																																																																																																																																																																																																																																																										
☐ 73706	RUNOFF/LOWER EXTREMITIES																																																																																																																																																																																																																																																																																																																																																																																										
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☐ 78264	GASTRIC EMPTYING																																																																																																																																																																																																																																																																																																																																																																																										
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☐ 78306	BONE SCAN WHOLE BODY																																																																																																																																																																																																																																																																																																																																																																																										
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☐ 78708	RENAL SCAN w/CAPTROPIL																																																																																																																																																																																																																																																																																																																																																																																										
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☐ 76536	THYROID																																																																																																																																																																																																																																																																																																																																																																																										
☐ 76604	CHEST																																																																																																																																																																																																																																																																																																																																																																																										
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