MRI of Arizona

Free Transportation / Liens Accepted / Bilingual Staff
MRIofArizona.com P 602-294-9009 F 602-294-9012

PATIENT INFORMATION

Patient Name: _____ DOB: _____

Phone: (H) _____ (C) _____ (W) _____

Insurance Co.: _____ Ins. Auth. # _____

If attorney lien, name of attorney: _____ Phone: _____

PHYSICIAN INFORMATION

Referring Physician *(please print)* _____

Referring Physician signature: _____

Name of person scheduling appointment: _____

Office Phone: _____ Office Fax: _____

MRI EXAM INFORMATION

MRI Exam Requested: _____ ❑ Without contrast ❑ 3-D rendering if positive

_____ ❑ With and without contrast

Diagnosis/Clinical History: _____ ❑ Per Radiologist

_____ ICD Code(s): _____

Appointment Date: _____ Appointment Time: _____

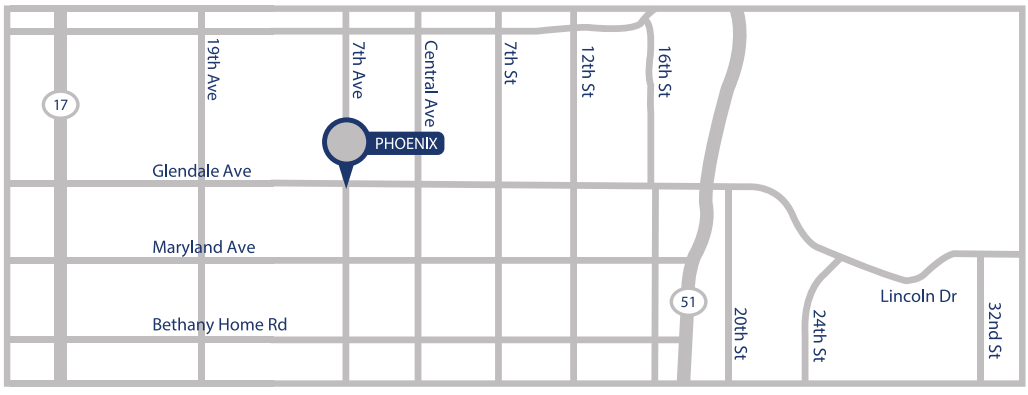
REPORT INSTRUCTIONS

❑ Report only: _____ ❑ CD (Deliver/Handcarry)

CC Report to: _____

PHOENIX

701 W. Glendale Ave.
Phoenix, AZ 85021



Tax ID: 39-1717667