O·S·M·S
ORTHOPEDIC & SPORTS MEDICINE SPECIALISTS

Green Bay • Fox Valley • Marinette

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osmsgb.com

OSMS IMAGING REQUEST FORM FOR HIGH END IMAGING (MRI,CT, ULTRASOUND)

FAX TO: MRI Scheduling at 920-569-4136

Thank you for the opportunity to work together with you to provide good patient outcomes. Please provide us with the following information to enable us to serve the patient in a timely and efficient manner.

Patient demographics

- Legal name
- Address
- Phone
- Date of birth
- If Minor, guarantor info is required

Primary Insurance Information

- Carrier Name, group number and Insured ID number or copy of card (front and back)
- Secondary Insurance Carrier name, group number, insured ID number (if applicable) or a copy of the card (front and back)

Imaging Order

- Procedure to be performed
- Ordering provider's name, address, NPI and Tax ID number
- CPT code & description
- Specific Body Part
- Diagnosis Code
- Was this a result of an injury?
- Symptom start date & duration
- Evaluate for?
- X-ray date/results
- Alternative treatments with dates
- Clinic notes/Surgical notes relevant to the body part being scanned

Contact Name and Number

Name _____ Number _____

Fax Results

Name _____ Number _____