



Green Bay • Marinette • Neenah • Oshkosh

Diagnostic Imaging Outside Order Form

Phone (920) 593-6646
- Option 1 (Green Bay)
- Option 2 (Fox Valley)
Fax (920) 569-4136

Please fax the completed form, in its entirety, to OSMS Imaging at (920) 569-4136. Ordering provider is **required** to **obtain prior authorization** for Imaging and include with order.

Test will not be scheduled if any information below is missing.

Demographics

Patient Name _____ Date of Birth _____
Patient Address _____
Patient Primary Phone _____

Insurance Information

Insurance Carrier _____ Authorization # _____
Insurance Carrier Phone _____ Auth Valid Dates _____
Policy # _____ Group # _____

Location of authorization (circle one): Green Bay Marinette Neenah Oshkosh

Order Information

Physician Name _____ NPI # _____
Physician Phone _____ Fax _____
Clinical History (Signs and Symptoms) _____

Prior Surgery? (Please specify, including date) _____

ICD-10 Diagnosis Code(s) _____

Exam Type, specifying laterality and contrast _____
(i.e. CT Right foot w/o contrast, MRI Left knee w/o contrast, MRI Lumbar spine w/wo contrast)

This order includes authorization to perform an orbital x-ray based upon patient screening due to Radiologist guidelines and review.

Ordering Physician Signature _____ Date _____