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

Green Bay • Marinette • Neenah • Oshkosh

Diagnostic Imaging Outside Order Form

Phone (920) 593-6646
- Option 1 (Green Bay & Marinette)
- Option 2 (Fox Valley & Oshkosh)

Fax (920) 569-4136

Please fax this completed form, order, along with the **additional requirements** listed below, to OSMS Imaging at (920) 569-4136.

Demographics

Patient Name _____ Date of Birth _____

Patient Address _____

Patient Primary Phone _____

Order Information

Physician Name & Facility _____ 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)

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

Ordering Physician Signature _____**Date** _____

**This order includes authorization to perform an orbital x-ray based upon patient MRI screening, in accordance to Radiologist protocol*

Additional Requirements

Please include a copy of patient's insurance card and physical copy of the authorization associated to all relevant insurances (primary and secondary).

If the test is related to an auto insurance claim, submit authorization through patient's health insurance or self-pay.

Note: Test will not be scheduled if any information is missing.