

Rapid Scheduling *for Community Open MRI*

FAX this order to:



Fax: (260) 423-1421



Fax: (260) 925-4720



Fax: (260) 728-4675

- When pre-certifying insurance, we are listed as: **Community Open MRI** or **Fort Wayne Open MRI**
- Please give the patient a Community OPEN MRI brochure for directions and pre-testing preparations

Patient Name: _____ D.O.B.: _____ Date: _____

Phone # (Day): _____ (Evening): _____

Insurance: _____ (please attach a copy of their card)

Please examine: MRI _____

Diagnosis: _____

Reason for procedure: _____

Office Phone: _____ FAX: _____

Physician: _____ Contact: _____

Special Instructions: _____

Physician's Signature: _____

Prior Authorization # (If Required): _____

Will the patient need a copy of the films to take with them? Yes _____ No _____

Please call us if you have any questions or comments including any clarification that may need addressed regarding this order:

Fort Wayne (260) 422-1491 • Auburn (800) 441-6736 • Decatur (866) 441-6736

To be filled out by Community OPEN MRI

This patient is scheduled for an appointment with us:

(Date)

(Time)

(Location)