

Greater Waterbury Imaging Center

68 Robbins Street • Waterbury, CT 06721
Phone: (203) 573-7674 • FAX: (203) 573-6255

Tax I.D. # 06-1242903

Outpatient SCAN ORDER FORM

NPI # 1245295401

WHAT PART OF THE BODY: _____

PATIENT NAME: _____ DATE OF BIRTH: _____ SEX: _____

SS# _____ PRIMARY INS. _____ SECONDARY INS. _____

TELEPHONE NUMBER: (Home) _____ (Work) _____

REFERRING PHYSICIAN: _____

COPIES OF REPORT TO: _____

DX CODE _____ **INS. AUTH. #** _____

PATIENT HISTORY / SYMPTOMS: _____

Findings of Other Diagnostic Tests: **(Please Send Reports)** _____

(Patient is to bring prior x-ray studies with them)

M.R.I. SAFETY CHECKLIST:

MRI is a non-invasive and painless exam. However, there are a few safety issues related to the magnetic field with certain patients. Please complete the checklist with the patient prior to scheduling. If any of the answers are yes, bring these to the attention of the scheduler upon calling Greater Waterbury Imaging Center.

YES NO

- DOES THE PATIENT HAVE A PACEMAKER? *(Patients with pacemakers cannot be scanned.)*
- HAS THE PATIENT EVER RECEIVED AN INJURY TO THE EYE OR BODY INVOLVING METAL FRAGMENTS?
If yes, have they had an MRI since initial injury? _____
- HAS THE PATIENT EVER HAD ANY TYPE OF SURGERY?
What type(s): _____
- DOES THE PATIENT HAVE AN IMPLANT OR PROSTHESIS?
What type(s): _____
- CLAUSTROPHOBIC
- WEIGHT _____

Date of Exam: _____ Time: _____

PHYSICIAN'S SIGNATURE _____

FAX THIS COMPLETE FORM TO GWIC: (203) 573-6255

Reports take 3 to 4 working days to arrive by mail. Please allow time for its arrival before scheduling follow-up visit.

Affiliate of the Greater Waterbury Health Network

FN-33396 (1/07)