

NPI 1972941474
Tax ID 46-2484668



ROSWELL OPEN MRI

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400 N Pennsylvania Ave Ste 103
www.roswellopenmri.com

IAC Accredited Facility in Musculoskeletal and Neurological Imaging

Order Date _____ Authorization # _____
Patient's Name _____ Patient's Phone # _____
Patient's Date of Birth _____ Patient's SS# _____
Insurance Carrier _____ Insurance Phone # _____
Cardholder's Name _____ Cardholder's DOB _____
ID # _____ Group # _____
Clinical History/ICD-10 Diagnosis Codes _____ Provider's Fax # _____
Provider's Phone # _____
Provider's Name _____ Provider's Signature _____

MRI Procedure

Please circle CPT

<u>Spine</u>	<u>W/O</u>	<u>W & W/O</u>	<u>Lower Extremity</u>	<u>W/O</u>	<u>W & W/O</u>	<u>Laterality</u>		
Cervical Spine	72141	72156	Knee	73721	73723	L	R	B
Thoracic Spine	72146	72157	Ankle	73721	73723	L	R	B
Lumbar Spine	72148	72158	Foot	73721	73723	L	R	B
SI Joints (Pelvis)	72195	72197	Toe (s)	73721	73723	L	R	B
			Tib/Fib	73718	73720	L	R	B

<u>Head</u>	<u>W/O</u>	<u>W & W/O</u>	<u>Upper Extremity</u>	<u>W/O</u>	<u>W & W/O</u>	<u>Laterality</u>		
Brain	70551	70553	Shoulder	73221	73223	L	R	B
IAC	70551	70553	Elbow	73221	73223	L	R	B
Pituitary	70551	70553	Wrist	73221	73223	L	R	B
Orbit	70540	70543	Hand	73221	73223	L	R	B
MRA brain	70544		Finger	73221	73223	L	R	B
			Humerus/Bicep	73218	73220	L	R	B
			Forearm	73218	73220	L	R	B

Priority Service

Routine ASAP (6 hours) STAT (90 min.)
 STAT (90 min. with call from radiologist). Provide cell phone# _____