

**MRI of Reston 54-1478593**  
**PET of Reston 20-1478593 • Fair Oaks Imaging Center 54-1702731**  
**Loudoun Imaging Center Ashburn 26-3615091**

**PRE-CERTIFICATION/AUTHORIZATION FORM**  
**FOR MRI, CT, PET/CT, Ultrasound and Hysterosalpingogram (HSG)**

PATIENT NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

PATIENT'S PHONE: \_\_\_\_\_ ALT #: \_\_\_\_\_

SS#: \_\_\_\_\_ INSURANCE CARRIER: \_\_\_\_\_

ID NUMBER: \_\_\_\_\_ GROUP NUMBER: \_\_\_\_\_

INSURANCE CARRIER PHONE NUMBER: \_\_\_\_\_

SUBSCRIBER: \_\_\_\_\_ SUBSCRIBER DOB: \_\_\_\_\_

SUBSCRIBER EMPLOYER: \_\_\_\_\_

SECONDARY INSURANCE: \_\_\_\_\_

SUBSCRIBER: \_\_\_\_\_ SUBSCRIBER DOB: \_\_\_\_\_

ID NUMBER: \_\_\_\_\_ GROUP NUMBER: \_\_\_\_\_

STUDY REQUESTED: \_\_\_\_\_ \*ICD9 Code: \_\_\_\_\_

\*CPT CODE: \_\_\_\_\_

DIAGNOSIS / SYMPTOMS: \_\_\_\_\_

DATE OF LAST VISIT: \_\_\_\_\_

RELEVANT TESTS / RESULTS: \_\_\_\_\_

\_\_\_\_\_

ORDERING PHYSICIAN: \_\_\_\_\_

NPI#: \_\_\_\_\_ TAX ID: \_\_\_\_\_

ORDERING PHYSICIAN'S PHONE NUMBER: \_\_\_\_\_

POINT OF CONTACT AT PHYSICIAN'S OFFICE: \_\_\_\_\_

**PLEASE ATTACH:**

**MOST CURRENT CLINICAL NOTES OF PATIENT**  
**DOCTOR'S ORDER FOR STUDY**  
**COPIES OF PATIENT'S MOST UP TO DATE INSURANCE CARD(S) / ID CARD**

Medical records may be requested by the insurance company and can be faxed at this time as well. If you have any questions, please call us at 703-726-1171.

**PLEASE FAX COMPLETED FORM TO:**  
**703-726-1193**



[www.restonradiologyconsultants.com](http://www.restonradiologyconsultants.com)