DMI Dynamic Medical Imaging

Stand-up MRI
CT
Ultrasound
X-Ray

Authorization Request Form

Physician Name:

Contact Person (office) :

Patient Name: Phone #

Patient D.O.B: / / Patient Social # : - -

Patient Address:

Exam Requested:

Primary Insurance: I.D #

Group # Phone #

Name of Insured : DOB:

Guarantor Employer: INS. SS#

Secondary Insurance ?

Please provide All Office notes pertaining to the part of the body that needs to be authorized along with a copy of the doctors script. Fax all Forms & all medical notes to 718-507-8185. Call if you have any questions 718-507-8184