



Affiliated with Greater Waterbury Health Network

Pre- Authorization Assistance for CT, 3T MRI & US

FACSIMILE TRANSMITTAL SHEET

TO:DIAGNOSTIC RADIOLOGY ASSOCIATES

FROM:

Attn: Deni

DATE:

COMPANY:

FAX NUMBER:

203-758-2599

TOTAL NO. OF PAGES INCLUDING COVER:

PHONE NUMBER:

203-758-2588 Ext 251

SENDER'S REFERENCE NUMBER:

RE:

YOUR REFERENCE NUMBER: (PATIENT MEDICAL RECORD NUMBER)

URGENT FOR REVIEW PLEASE COMMENT PLEASE REPLY PLEASE RECYCLE

NOTES/COMMENTS:

Please fax the following:

1. Written provider order for exam including ICD 10 diagnosis Code
2. Most recent clinical notes
3. Patient demographics including photo copy of insurance card.

****Legal Notice- Please Read ****

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