DIAGNOSTIC RADIOLOGY ASSOCIATES

Affiliated with Greater Waterbury Health Network

Pre- Authorization Assistance

PATIENT INFORMATION:

Name: _____ DOB_____

Exam:_____

Insurance:_____

Insurance ID:_____

Referring Physician:_____

Patient's symptoms and duration of symptoms:_____

_____

_____

_____

Initial treatment date:_____

Prior imaging: X-ray Ultrasound Nuclear Medicine CT MRI

(circle each that apply)

Medications or NSAIDS:_____

Physical Therapy 3mo 6mo 9mo

History of surgery or trauma:_____

Injections:_____

Conservative Treatment:_____

Bracing: What type and how long:_____

1579 Straits Turnpike, Middlebury, CT 06762 Phone: 203-758-2588 Fax: 203-758-2599