

# CT/MRI PRIOR AUTHORIZATION FORM

## Patient Demographic

1. Patient Name (First, Last)

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2. DOB

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*Example: January 7, 2019*

3. Health Plan

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## Provider Information

4. Physician Name (First, Last)

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5. Address

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6. Phone

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Exam Request

7. *Check all that apply.*

CT

MRI

Prior Treatment(s)

8. Note

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