RadiologyAssist™ **Affordable Imaging For The Uninsured**

Phone: 855-346-5152 | Fax: 847-847-2888

ORDER FORM

PLEASE COMPLETE AND RETURN THIS ORDER FORM
FAX TO : 847-984-1164

The following mutual patient is scheduling their imaging study via the RadiologyAssist / ColonoscopyAssist program. Please compelete and sign the following order form for the studies that need to be provided. You may alternatively fax an existing script if you have one.

PATIENT INFORMATION

Name :
DOB :
Address :
Phone :

SERVICES REQUESTED

☐ MRI ☐ CT Scan ☐ Mammogram ☐ Ultrasound ☐ X-Ray ☐ DEXA ☐ PET
☐ Virtual Colonoscopy ☐ Colonoscopy ☐ Upper Endoscopy ☐ FIT / FOBT ☐ Cologuard

Additional information about study : Include Body Part, Contrast etc Include CPT Code if available	**Reason for study :** Include Diagnosis Code if available

ORDERING PHYSICIAN INFORMATION

Physician Name : _____

Phone : _____ Fax : _____

Address : _____

Signature : _____ Date : _____

DO YOUR SELF-PAY PATIENTS NEED AFFORDABLE IMAGING?

The RadiologyAssist program is an assistance program providing affordable imaging for self-pay patients.
It is a free resource available to Primary Care Physicians and Patient Navigators.

☐ Please send me referral information about the RadiologyAssist program
☐ Please send me patient literature about the RadiologyAssist program

Contact Name : _____ Phone : _____

Learn more about us at : **www.radiologyassist.com**