



1320 22ND Ave
 Fairbanks, Alaska 99701
 (P) 907-452-4777
 (F) 907-452-4787

Patient Legal Name:		
Last Name:	First Name:	Middle Initial:

Date of Birth:	Sex:	

Phone Numbers:		

SERVICE REQUESTED	REASON FOR TEST/SIGNS AND SYMPTOM
<i>ULTRA SOUND</i>	*MUST BE COMPLETED*
<i>MRI</i>	
<i>LAPBAND</i>	
_____	_____
_____	_____
_____	_____
_____	_____

DATE/TIME OF APPOINTMENT:	SCHEDULED BY:
_____	_____
PREAUTH REQUIRED? YES OR NO	PREAUTH#
_____	_____
INSURANCE:	

PHYSICIAN'S SIGNATURE: _____

PRINT PHYSICIAN'S NAME: _____ NPI#: _____

PHYSICIAN'S CONTACT INFORMATION: _____

- YOU CAN NOT BE EXAMINED BY MRI IF YOU HAVE:**
- A PACE MAKER
 - EAR IMPLANTS
 - ANEURYSM CLIPS IN THE BRAIN
 - IMPLANTED SPINAL CORD STIMULATOR
 - METALLIC FRAGMENTS IN ONE OR BOTH EYES