# Physician Order/Authorization Form
## PLEASE GIVE TO TECH PERFORMING PROCEDURE

**Select one:** ☐ CT ☐ MRI ☐ Nuc Med ☐ Mammography

☐ HVC ☐ Ultrasound ☐ X-Ray

**Date of Service:** _____

**Patient Name:** _____
LAST FIRST MI

**Date of Birth:** _____

**Pre-certification/ Authorization:** ☐ YES ☐ NO

**Authorization Confirmation Code:** _____

**If Yes, What procedure was authorized: Please place the CPT Code and Description of procedure in the lines below.**

| CPT Code | Description (Type of Exam or Imaging) |
|---|---|
| | |
| | |
| | |
| | |
| | |

Reason for Exam: _____

Physician Signature: _____

If you have any questions please call extension _____ if not available call _____.

Thanks,

Financial Counselor

V: «Visit_ID»
«Last_Name», «First_Name»
DOB: «Birth_Date» «Sex»
«Attending_Physician_Last_Name»,

M:
«Patient_Type»
«Admit_Date»
«Service»

BO-1013 IMAGING AUTHORIZATION FORM (BO-080)
Form BO-080, Revised 06/12
Page 1 of 1
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