

GENERAL: RESEARCH ORDER FORM

Weill Cornell Imaging



(tel.) 212-746-6000

(fax) 646-962-0122

Location of Exam (choose one):

- Radio button options for exam locations: 1305 York Avenue, 3rd floor; 520 East 70th Street, Starr-0 floor; 425 East 61st Street, 9th floor; 416 East 55th Street; 2315 Broadway, 4th floor

Appointment Date _____ Appointment Time _____

Patient Name _____ NYH# _____

Referring Physician/PI _____ Phone# _____

Address _____ IRB# _____

Study Name _____

Diagnosis _____

Physician Signature _____

MANDATORY FIELD (CHOOSE ONE):

- Radio button options for billing: Bill Research/Sponsor Grant#; Bill Patient/Insurance Carrier, Standard of Care (use Q1 modifier & Z00.6 as secondary diagnosis) Insurance Name; Pre-Certification#

Procedures:

- Radio button options for procedures: Without Contrast; With Contrast; With & Without Contrast

MRI/MRA:

- Radio button options for MRI/MRA: MRI Head; MRI Abdomen; MRA Abdomen; MR Spectroscopy; MRI Pelvis; MRI Breast; MRI Chest; MRA Chest; MRI Cardiac

CAT Scan:

- Radio button options for CAT Scan: CT Head; CT Chest; CT Abdomen; CT Pelvis

Radiography:

- Radio button option for Radiography: Chest (2 views)

Other Procedures:

***THIS FORM DOES NOT SERVE AS A SUBSTITUTE FOR AN IDEAL CUSTOM ORDER FORM