GENERAL: RESEARCH ORDER FORM

Weill Cornell Imaging

(tel.) 212-746-6000                      (fax) 646-962-0122

Location of Exam (choose one):

- 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):

- Bill Research/Sponsor Grant#________________________
- Bill Patient/Insurance Carrier, Standard of Care (use Q1 modifier & Z00.6 as secondary diagnosis)
  Insurance Name___________________ Pre-Certification#________________

Procedures:

- Without Contrast
- With Contrast
- With & Without Contrast

MRI/MRA:

- MRI Head
- MRI Abdomen
- MRA Abdomen
- MR Spectroscopy
- MRI Pelvis
- MRI Breast
- MRI Chest
- MRA Chest
- MRI Cardiac

CAT Scan:

- CT Head
- CT Chest
- CT Abdomen
- CT Pelvis

Radiography:

- Chest (2 views)

Other Procedures:

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

Date Issued: 3/1/07 Date Updated: 7/22/16