

CLEVELAND

CHATTANOOGA
IMAGING

DALTON

EAST
1710 GUNBARREL RD.
CHATTANOOGA, TN 37421

HIXSON
2070 HAMILL RD.
HIXSON, TN 37343

DOWNTOWN
440 N. HOLTZCLAW AVE.
CHATTANOOGA, TN 37404

OOLTEWAH
9368 BRADMORE LANE
OOLTEWAH, TN 37363

DALTON
1502 N. THORNTON AVE.
DALTON, GA 30720

CLEVELAND
2253 CHAMBLISS AVE. N.W.
SUITE 102
CLEVELAND, TN 37311

Phone: 423.553.1234

PLEASE FILL OUT COMPLETELY AND FAX TO 423.553.1235

- Please contact my patient within 24 hours to schedule this exam. Fax appointment time and date to (fax #) _____.
- Do not** contact my patient with appointment information. Fax appointment time and date to (fax #) _____.

PHYSICIAN INFORMATION

Ordering Physician: _____ Contact person: _____

Signature of Ordering Physician: _____

CC Physician(s): _____

PATIENT INFORMATION

Patient Name : _____

Patient Email: _____

M F D.O.B. _____ SS# _____

Patient's Home Phone #: _____ Work / Cell # _____

Insurance: _____ Authorization or referral # _____

If this insurance requires pre-certification and you would like for us to obtain the pre-cert please fax copies of insurance cards, office notes and radiology reports relevant to the diagnosis.

PROCEDURE INFORMATION

Procedure(s) requested: _____

Diagnosis: _____

ICD-10 Code: _____

Previous imaging studies? Yes No If yes, where? _____