



**E Z FAX
SCHEDULING FORM**

FAX: (850) 747-8664
PHONE: (850) 747-8822
TOLL FREE: 1-877-742-8822

**TO SCHEDULE AN MRI
PLEASE FAX THIS FORM ALONG WITH AN ORDER.
WE WILL DO THE PRE-CERT FOR YOU!!!**

REFERRING PHYSICIAN: _____

CONTACT PERSON: _____ Phone# _____

***Comments or special instructions:**

This form will be faxed back after the appointment is made.

Completed appointment information:

Appointment Date: _____ Appointment Time: _____

Type of Scan: _____

**Please Note: If patient insurance is BCBS Network Blue/Blue Options,
Please fax office notes along with the order for pre-cert purposes.**