Advanced Medical Imaging

Physician Imaging Order / Referral Form

Phone: (727) 398-5999 Fax: (727) 231-0772
Portal: portal.amiofpinellas.com
9555 Seminole Blvd, Ste 101, Seminole FL 33772

REFERRING PROVIDER

Provider Name

NPI

Practice / Clinic

Phone

Fax

Office Contact / Email

PATIENT INFORMATION

Patient Name

Date of Birth

Phone

Insurance / Plan

Member ID

Self-Pay ☐

EXAM / STUDY REQUESTED

☐ MRI ☐ CT ☐ Ultrasound ☐ Mammogram

☐ DEXA ☐ X-Ray ☐ Cardiac CT / CCTA ☐ Calcium Score

Specific Exam / Body Part

Contrast? ☐ With ☐ W/O

Clinical Indication / Diagnosis (required)

ICD-10

PRIORITY

☐ Routine ☐ Urgent (same-week) ☐ **STAT** **For STAT reads, call (727) 398-5999 after faxing.**

PROVIDER AUTHORIZATION

Provider Signature

Date

A signed order is required for most exams.