

Consult Advanced Imaging Ordering Program Procedure Request Form

NYS Medicaid FFS is providing this form for use with the Advanced Imaging Ordering Program. It can be used as a tool when calling HealthHelp or it can be faxed to HealthHelp at **(888) 209-9634** for consultations on certain CT, MR, Cardiac Nuclear Medicine, or PET scans. If you have any questions about the form or imaging requests, please call HealthHelp at **(888) 209-4122**.

Date	Time
Contact Name	Contact Phone Number

PATIENT INFORMATION	
Patient Name	
Patient ID Number	
Patient DOB	Group Number

ORDERING PHYSICIAN AND RENDERING FACILITY INFORMATION	
Name of Ordering Practitioner	
Name of Rendering Facility	
Phone Number	Fax Number

Patient Diagnosis and Code	
Procedure Name and Code	
ICD-10 Code	CPT Code
Patient Symptoms and Duration	
Patient Medication and Duration	
Prior Imaging Studies and Results	
Prior Laboratory Studies and Results	

Confidentiality Notice

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Please attach any additional relevant clinical information