



Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Patient Phone Number: \_\_\_\_\_ Insurance Coverage: \_\_\_\_\_

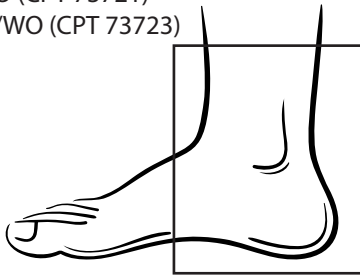
Authorization Number: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Clinical Decision Support G Code: \_\_\_\_\_ Clinical Decision Support Modifier: \_\_\_\_\_

Symptoms / Reason for Exam: \_\_\_\_\_  
(must include symptoms - "r/o or question of" is not sufficient)

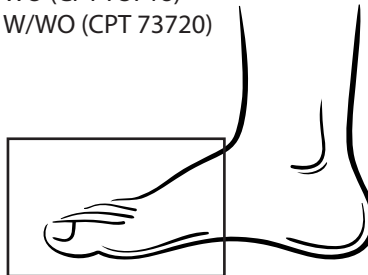
**Ankle** (ankle to midfoot)

WO (CPT 73721)  
W/WO (CPT 73723)



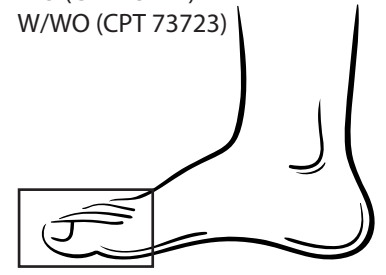
**Foot** (midfoot to forefoot)

WO (CPT 73718)  
W/WO (CPT 73720)



**Toes**

WO (CPT 73721)  
W/WO (CPT 73723)



**MR**

- Ankle (ankle to midfoot)     RT     LT
- Foot (midfoot to forefoot)     RT     LT
- Toes     RT     LT
- MR other     RT     LT

**CT**

- Foot     RT     LT
- Ankle     RT     LT
- CT other     RT     LT

**PLEASE SPECIFY CONTRAST**

- Radiologist's discretion     Without     With/ Without     Reformat images

**ULTRASOUND**

- Leg Veins (vascular extremity for DVT)     RT     LT     Both
- MSK (Musculoskeletal)  
Please specify \_\_\_\_\_
- Extremity     RT     LT     Both  
Please specify \_\_\_\_\_

**GENERAL X-RAY**

- 3 Views Foot     RT     LT     Both
- 3 Views Ankle     RT     LT     Both
- Weight Bearing
- Non-Weight Bearing
- Other Views \_\_\_\_\_

**PLEASE BRING THIS SLIP WITH YOU TO YOUR APPOINTMENT**

Referring Provider's Name: \_\_\_\_\_ NPI#: \_\_\_\_\_ Signature: \_\_\_\_\_

CC Provider's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Please advise your MR and CT patients to expect a call from Rhode Island Medical Imaging to confirm and screen them for their exam prior to their appointment

Scan this QR code with your smartphone camera to view our current hours and locations.



FULL SERVICE LOCATIONS

LIMITED SERVICE LOCATIONS

	3T MRI	MRI	Open MRI	CT	Screening Mammography	Diagnostic Breast Imaging	Ultrasound	DEXA	X-Ray	Arthrograms / Therapeutic Joint Injections / MSK	Thyroid Biopsy	Breast Biopsy
<b>Barrington</b> Barrington Medical Center 1525 Wampanoag Trail, Suite 101 East Providence, RI 02915	◆			◆	◆		◆	◆	◆			
<b>Cranston</b> 1301 Reservoir Avenue Cranston, RI 02920		◆		◆	◆		◆	◆	◆			
<b>East Greenwich</b> Greenwich Medical Center 1351 South County Trail Building 1, Lower Level East Greenwich, RI 02818	◆	◆		◆	◆	◆	◆	◆	◆			◆
<b>Johnston</b> 1526 Atwood Avenue, Lower Level Johnston, RI 02919		◆		◆	◆	◆	◆	◆	◆		◆	◆
<b>Lincoln</b> Blackstone Center 6 Blackstone Valley Place Building 5, Suite 506, Lincoln, RI 02865		◆		◆	◆		◆	◆	◆	◆	◆	
<b>North Providence</b> 1500 Mineral Spring Avenue North Providence, RI 02904			◆	◆	◆		◆	◆	◆			
<b>Pawtucket</b> Blackstone Valley Medical Building 333 School Street, Suite 105 Pawtucket, RI 02860	◆			◆	◆		◆	◆	◆	◆		
<b>Providence</b> Moshassuck Medical Center 1 Randall Square, Suite 103 Providence, RI 02904		◆		◆	◆	◆	◆	◆	◆			◆
<b>Warwick</b> 250 Toll Gate Road Warwick, RI 02886	◆			◆	◆		◆	◆	◆			
<b>East Providence</b> Metacomet Office Park 450 Veterans Memorial Parkway Building 2, Suite 203 East Providence, RI 02914					◆	◆	◆	◆	◆			
<b>Lincoln (Wake Robin)</b> George Washington Medical Center 2 Wake Robin Road, Suite 107 Lincoln, RI 02865							◆		◆			
<b>Warren</b> Warren Medical Center 851 Main Street Warren, RI 02885									◆			