



Allegheny Imaging of McCandless, LLC – Fax Scheduling Request Form
Phone (412)367-SCAN (7226) Fax (412)367-3103

Please fax completed form to Allegheny Imaging of McCandless. **Allegheny Imaging** will then telephone the patient to schedule all requested studies. Once scheduled, Allegheny Imaging will fax this form back to your office with date & time of scheduled tests for your records.

Date: _____ **Your Name & Fax #** _____

Patient Name: _____

Patient phone number(s): _____ (Home) _____ (Work – optional) _____ (Cell – optional)

Referring Phys.: _____ **Signature:** _____
(Physician signature required if using as script)

Study Requested: _____
(*Open Bore MRI, MRA, CT, CTA, Ultrasound, Echocardiogram, X-Ray, Dexa, Stress test, Thyroid Biopsy, etc.*)

Diagnosis: _____

Comments: _____

Authorization number: _____

Fax to: 412-367-3103

(AIM use Only)-----
Date Patient is scheduled for ____/____/____ Faxed back to _____