



**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 \_\_\_\_\_