



MRI / CT Expedite Form

Phone: 1 866 899 4674 Fax: 1 866 307 1247

- a) Print Fill and Fax or
- b) On-line field fill-in requires you to open this form in Edge, Explorer or Chrome

Nurse Consultant: _____

Phone Number: _____

Worker's Name: _____

DOB: _____

Claim #: _____

Phone Number: _____

Date of Loss: _____

Employer: _____

Type of Scan: MRI

CT

Area of Scan (s): _____

Approval Memo #: _____

Hospital Expediting To/City Worker Lives: _____

Referring Physician: Dr. _____

Phone 7 : _____

Date & Location of scan currently (if known):

_____ Does not apply

Additional Info: _____

Fax To: 1 866 307 1247

Email option (SSL/TLS secure):