



BIG HORN MEDICAL
IMAGING CENTER

SCHEDULED APPOINTMENT:

Date: _____ Time: _____

Phone: 307.675.1500
Fax: 307.675.1509

Tax ID #: 99-4925621 | NPI # 1972320596
2360 Wetlands Drive | Sheridan, WY 82801

BHMIC.com

Patient Information:

Call patient to schedule

Name: _____ DOB: _____

Home Phone #: _____ Alternate Phone #: _____

Please assist in authorization
(Fax order, demographics, insurance
card, clinical notes, labs)

Insurance Provider: _____ ID #: _____

Pre-Authorization obtained by referring physician's
Office Ins. Authorization #: _____

Ordering Physician:

Physician Name: _____ Signature: _____

Today's Date: _____ Phone #: _____ Fax #: _____

Urgent exam requests should be coordinated by phone at 307.675.1500

CD & Report via courier/mail Report Only

MRI: _____

Diagnosis: _____

CT: _____

Code: _____

History & Symptoms: _____

Ultrasound: _____

May modify exam at radiologist's discretion if clinically indicated

Recent Creatinine (if applicable)

Value: _____ Date: _____

X-Ray: _____

Prior imaging available

Location/Facility _____

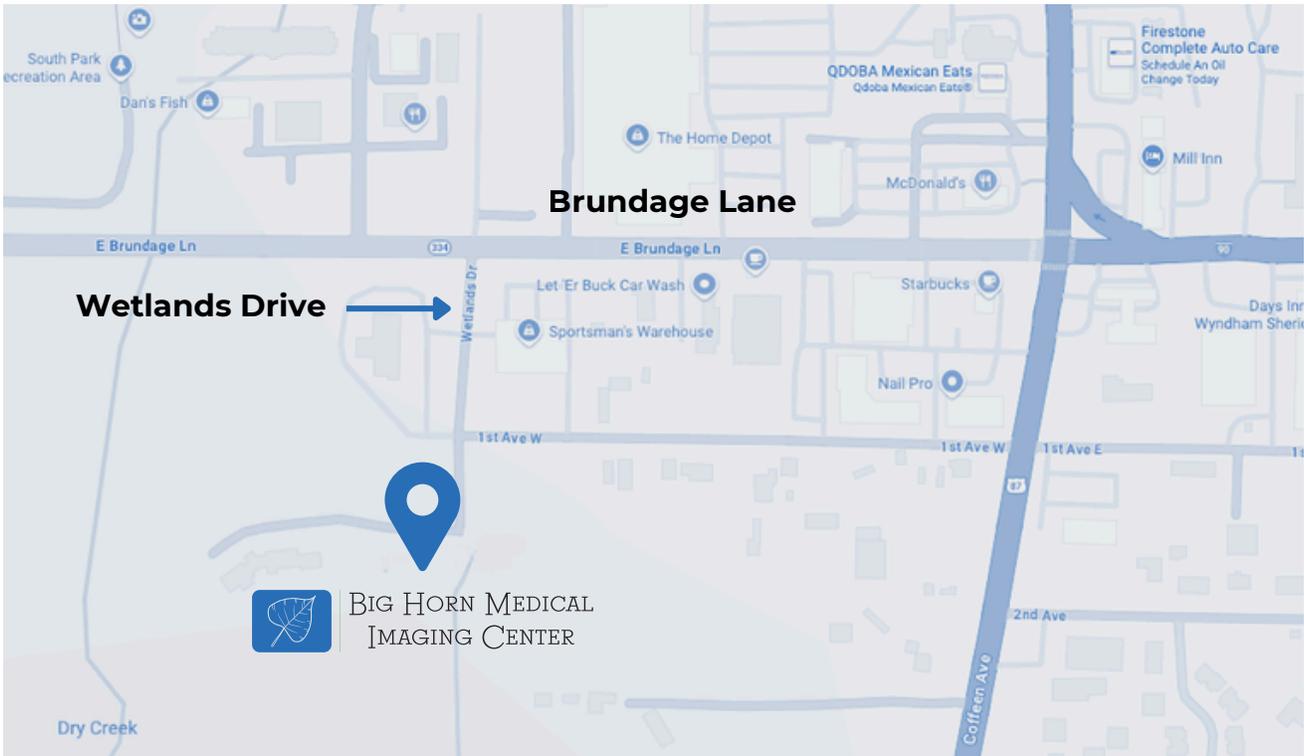
Prior imaging

Please bring any previous imaging reports or images related to your exam, or have them sent to our office in advance. This helps us compare studies and provide the most accurate results.

Special instructions:

***Please attach most recent progress note.**

This communication is intended only for the use of the party to whom it is addressed and may contain information that is confidential or protected by law. If you are not the intended recipient, please contact Big Horn Medical Imaging Center immediately at 307.675.1500.



Parking
Convenient, ample parking is available directly in front of the building for patients and visitors.



Questions?
If you have questions about what to bring or how to prepare, please don't hesitate to call. One of our team members will be happy to speak with you!



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