RADCON | **ONCOLOGY AUTHORIZATION REQUEST FORM**

1 CHOOSE A SITE LOCATION

☐ Atlantic Medical Imaging ☐ Booth Radiology ☐ Larchmont Medical Imaging ☐ Princeton Radiology *Excellence in Imaging* ☐ SJRA South Jersey Radiology Associates, P.A.

2 PATIENT INFORMATION

Patient First Name:_____ Patient Last Name:_____

DOB: _____ / _____ / _____ Gender (Circle): **M** **F**

Insurance Company Name: _____

Policy ID #_____

3 PROVIDER INFORMATION

ATTENDING PHYSICIAN

Name: _____

Fax #: _____

INS Provider / Tax ID#:_____

REFERRED TO

Name: _____

City:_____

State:_____ Zip: _____

Reason for Exam: _____

Diagnosis, Staging, Re-staging, Suspected Recurrence, Surveillance

Diagnosis 1: _____ ICD9 Code 1: _____

Diagnosis 2:_____ ICD9 Code 2:_____

For new cancer diagnosis, please include type of cancer and date of diagnosis:_____

_____

Clinical History (Please include lab results, radiology results, prior treatment, symptoms, including duration): **(MANDATORY)**

_____

_____

Findings from prior radiology exams: _____

Tissue diagnosis: ❑ Yes ❑ No

Rising Tumor Markers: ❑ Yes ❑ No If yes, please indicate which one(s) and value(s)_____

Chemotherapy (Start Date): _____ / _____ / _____ Chemotherapy (End Date): _____ / _____ / _____

Radiation (Start Date): _____ / _____ / _____ Radiation (End Date): _____ / _____ / _____

4 AUTHORIZATION REQUEST FOR RADIOLOGY **(MANDATORY)**

❑ PET/CT

❑ Brain
❑ Cardiac
❑ Oncology (Skull - Mid Thigh)
Type of Cancer_____
❑ Melanoma (whole body)
❑ Other _____
CPT Code:_____

Isotope agent:
❑ FDG ❑ NaF

❑ CT

❑ With & Without Contrast
❑ Without Contrast ❑ With Contrast

❑ Abdomen
❑ Chest, Thorax
❑ Head
❑ Neck
❑ Pelvis
❑ Other _____
CPT Code:_____

❑ MRI

❑ With & Without Contrast
❑ Without Contrast ❑ With Contrast

❑ Abdomen ❑ Neck
❑ Brain ❑ Pelvis
❑ Breast, Bilateral
❑ Chest, Thorax
❑ Head
❑ Other _____
CPT Code:_____

❑ Please notify me _____ days before authorization expiration.

Submitted by: _____ Phone #: _____ Date: _____ / _____ / _____

5 **Fax completed forms to: (855) RADCON2** (723-2662)

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Phone: (855) RADCON1 (723-2661)