



DIAGNOSTICS PLUS ORDER FORM
Toll Free Fax 1-877-674-7588
Toll Free Phone 1-800-996-1997

PLEASE FILL OUT AS MUCH INFORMATION AS POSSIBLE AND FAX, TO ORDER YOUR CLAIMANTS' DIAGNOSTIC STUDIES

Date of Order _____

Claimant Name _____

Phone _____ Cell _____

Address _____

SS No _____ DOB _____

Claim # _____ Date of Injury _____

Employer _____ Work PH _____

Is the patient working? _____

Type of Injury: **Work Comp** **Auto** **General Liability**

Insurance Co. _____ **Adjuster** _____

Billing Address _____

Phone # _____ Fax # _____ E-mail _____

Case Managmt. Co. _____ **Case Manager** _____

Phone # _____ Fax # _____ E-mail _____

Physician _____ Phone _____

Contact at MD Office _____ Does MD want films? _____

Physician Fax _____ Date of Follow Up Appt. _____

Examination Ordered _____

Diagnosis _____

Rule Out? _____

Special Instructions: _____

THANK YOU FOR YOUR ORDER, DIAGNOSTICS PLUS WILL:

- CALL THE CLAIMANT AND SCHEDULE THE EXAM AT A DIAGNOSTICS PLUS PROVIDER
- NOTIFY THE PATIENT, PHYSICIAN, ADJUSTER, AND CASE MANAGER WITH THE TIME AND PLACE OF THE EXAM
- FAX THE REPORT FOLLOWING THE EXAM
- *FILMS WILL BE GIVEN TO PATIENT UPON PHYSICIAN REQUEST*

IF AVAILABLE FAX PHYSICIAN ORDER WITH THIS FORM

Word/Misc/MRI Order Form Fax