

**Forest Hills:**  
92-37 Metropolitan Avenue  
Forest Hills, NY 11375  
F: (718) 275-3777

**Astoria:**  
27-47 Crescent Street, Suite 107  
Astoria, NY 11102  
F: (718) 777-0920



**1-800-220-2220**

[www.neighborhoodrad.com](http://www.neighborhoodrad.com)

**Hewlett:**  
227 Franklin Avenue  
Hewlett, NY 11557  
F: (516) 569-8225

**Elmont:**  
545 Elmont Road  
Elmont, NY 11003  
F: (516) 328-7132

# AUTHORIZATION FORM

## EXAM INFORMATION

<b>EXAM REQUESTED:</b>	<b>*ICD 10 CODE:</b>
<b>*SIGNS &amp; SYMPTOMS:</b>	
<b>TREATMENTS:</b>	
<b>TESTING:</b>	

**\*MUST BE COMPLETED IN ORDER TO OBTAIN AUTHORIZATION**

**PLEASE FAX ALL THE FOLOWING DOCUMENTS BELOW ALONG WITH THIS FORM TO: 516-492-3339**

- 1. REFERRAL FORM      2. CLINICAL INFORMATION/MEDICAL RECORDS      3. PATIENT INSURANCE CARD/DEMOGRAPHICS**

## PATIENT INFORMATION

LAST NAME:	FIRST NAME:	MIDDLE INITIAL:	
ADDRESS:	APT./ SUITE #:		
CITY:	STATE:	ZIP:	
Cell Phone:	Home Phone:	Work Phone:	DOB:

## REQUESTING/REFERRING PHYSICIAN INFORMATION

LAST NAME:	FIRST NAME:	
SPECIALTY:	NPI #:	TIN #:
ADDRESS:	APT./ SUITE #:	
CITY:	STATE:	ZIP:
Phone #:	Fax #:	

## OFFICE CONTACT PERSON

LAST NAME:	FIRST NAME:
EMAIL ADDRESS:	

Please check if transportation is required for  MRI  CT SCAN  OTHER

If you have any questions, need assistance with regards to insurance or need STAT order please call 1-800-220-2220, ext 331.