Order Entry Help Sheet

What do I need before contacting AIM?

- Member number or patient identification (ID) number
- Type of exam
- Symptoms
- Duration of symptoms
- Diagnosis (suspected/confirmed or rule out)
- Have other imaging services been performed for this diagnosis or symptoms? If so, list name(s) of procedure(s) and date(s) performed.
- Date of last office visit

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<thead>
<tr>
<th>Patient ID#</th>
<th>Exam Type</th>
<th>Symptoms</th>
<th>Duration of Symptoms</th>
<th>Diagnosis</th>
<th>Ruling Out</th>
<th>Other Imaging</th>
<th>Imaging Date</th>
<th>Last office visit</th>
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Samples:

123456789     MRI Lumbar Spine     Weakness, radiculopathy, lower back pain, numbness and tingling in the bilateral hands | 2 months          | Lower back pain         | Herniated disc | Normal X-ray | 1/29/12      | Not Applicable (N/A) |

234567891     PET/CT Skull to Mid Thigh | Small Cell Lung Cancer | Lymphoma and Staging | N/A            | N/A          | N/A          |              |                   |