



For Authorization & Scheduling, please fax this form and both sides of insurance card to 888-808-6160.

Patient Name _____ Referral Date _____

D.O.B. _____ Phone _____ Appointment Date/Time _____

Insurance Carrier _____ Referring Doctor _____

Medical History _____

Doctor Signature _____

CT SCANS

SINUS

Sinus no contrast

TEMPORAL BONES

Orbit, Sella, Posterior Fossa, IAC, without contrast

TMJ

Maxillofacial without contrast

Closed

Open & Closed

AIRWAY

Airway

3D RECONSTRUCTION

3D Reconstruction

DIAGNOSIS / ICD-9 CODE _____

SINUS

Chronic Sinusitis

Head/Facial Pain

Post Nasal Drip

Epistaxis

Disturbance of smell

Allergic Rhinitis

Polyp

TEMPORAL BONES

Hearing Loss

Tinnitus

Vertigo

Otosclerosis

Cholesteatoma of middle ear & mastoid

Infective Otitis Externa

Mastoid & related conditions

TMJ

TMJ Disorders

Disease of the jaw

AIRWAY

Sleep Apnea

Snoring

PATHOLOGY

Fracture - Trauma

Tumor

We accept Medicare and PPO's with the following plans: **BlueCross, BlueShield, AETNA, Cigna, United Health Care, Great West Health Care**