

Order Entry Help Sheet

What Do I Need Before Contacting AIM®?

- Member Number or Patient 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

Patient ID#	Exam Type	Symptoms	Duration of Symptoms	Dx	Ruling Out	Other Imaging	Imaging Date	Last office visit
<i>Samples:</i>								
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	1/29/09	Not Applicable (N/A)
234567891	PET/CT Skull to Mid Thigh			Small Cell Lung Cancer	Lymphoma and Staging	N/A	N/A	N/A

To submit an imaging order request please contact AIM's call center at **1 (877) 291-0509** or please visit us online at www.americanimaging.net/goweb.