



Electronic Orders Authorization Form

Please complete the following authorizing Diagnostic Imaging Center's PA to accept electronic orders for your patients. Completed form may be faxed or mailed to:

Diagnostic Imaging Centers, P.A.

Attention: Administration

6650 West 110th Street, Suite # 200

Overland Park, KS 66211

Phone: 913-319-8498 // Fax: 913-955-3742

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REFERRING PHYSICIAN INFORMATION

Name: _____

Address: _____

_____ ZIP _____

Phone: _____

Fax: _____

NPI #: _____

Email: _____

My signature below authorizes Diagnostic Imaging Centers, P.A. to accept electronically signed orders for my patients.

Physician signature: _____

Date: _____

4801 Main, Suite 200 • Kansas City, MO 64112 • 816-561-5151
5400 North Oak • Kansas City, MO 64118 • 816-455-5959
13795 S. Mur-Len Rd, Suite 100 • Olathe, KS 66062 • 913-397-7272
6650 W. 110th St, Suite 200 • Overland Park, KS 66211 • 913-491-9299
301 NE Mulberry Suite 100 • Lee's Summit, MO 64086 • 816-554-0040
4911 S. Arrowhead Drive, Suite 100 • Independence, MO 64055 • 816-795-7040

Scheduling Center
913-344-9989 • 816-444-9989
www.dic-kc.com