



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: _____