



Order Entry Help Sheet

What Do I Need Before Contacting AIM®?

- ≡ Member Number or Patient ID Number
- ≡ Type of Exam
- ≡ Symptoms
- ≡ Duration of symptoms and previous therapy (i.e., NSAIDs, physical therapy and duration)
- ≡ 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	Previous therapy	Dx	Ruling Out	Other Imaging	Imaging Date	Last office visit
<i>Sample:</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)