





ORDER FORM



Instructions:

- Fax completed order form to 603-298-5055.
- Send CT data to Astute Imaging at: 12 Commerce Avenue | West Lebanon, NH 03784
- *Questions*
 - Please call: Customer Service 603-298-5509
 - or email: support@astuteimaging.com

1 Physician Information: (the person for whom the M2S model is being processed)			
Physician Name:			
Institution/Practice Name:		Phone:	
2 Patient Information:			
Last Name:		First Name:	M.I.:
Patient MRN or ID:		Scan Year:	Month: Day:
Patient Date of Birth:			
3 Provide Access via PEMS To (only applicable for those outside of your institution):			
Name:		Phone:	
Institution/Practice Name:			
Street Address:			
City:		State:	Zip:
4 Billing Information:			
Bill To Institution:			
o PO #:	o Contract on file		o Test Case
o Other (please explain):			
5 Type of Study:			
o AAA: Pre-op	o AAA: Post-op	o TAA: Pre-op	o TAA: Post-op
o TAA & AAA	o Carotid	o Other:	
6 Data Transfer Information:			
o INTERNET			
<i>Astute Imaging recommends 3mm slicing or less with contrast. If data provided does not meet these standards, please explain why or data will be placed on hold:</i>			
o Best available data	o Renal Insufficiency	o Other:	
Special Instructions:			

Form #: SCS-FRM-1-02 Rev. P. Effective Date: Aug 30, 2013

 425 - 448 - 6123
 info@astuteimaging.com

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