



CC\_TRACKING\_NUMBER

Ordering Physician: **REQ\_PROVIDER**  
 Fax number: **FAX\_RECIP\_PHONE**  
 Member ID: **MEMBER\_ID**  
 Patient Name: **MEMBER\_NAME**  
 Request: **PROC\_DESC**  
 Health Plan: **HEALTH\_PLAN\_DESC**

Please use this form as the cover sheet for any information that you fax to us regarding the above patient's request. The numeric code allows the fax to be attached immediately upon receipt to the preauthorization request.

If you have other patients with existing requests and you would like to fax information you can obtain a fax cover sheet by calling FAXCoversheetNBR or go to RadMD and follow the link "Request a fax cover sheet"

If you are faxing information for more than one patient please separate each patient's information with the cover sheet specific for each patient's request.

Fax form and information to RadOncRadiologyFaxNbr

In order for our clinical reviewers to follow up on this information please include a contact name and phone number.

**Name:** \_\_\_\_\_  
**Telephone:** \_\_\_\_\_

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