

Lake Forest Hospital

Diagnostic Imaging
1000 North Westmoreland Road
Main Entrance
Lake Forest, Illinois 60045

TEST RESULTS/QUESTIONS:
847.535.6300

SCHEDULING:
847.535.8000 office
847.535.8001 fax

nm.org

Your physician has decided that a high-resolution Computed Tomography (CT) scan is needed to assist in delivering to you the best possible treatment.

Please be advised that most insurance providers do not consider this exam to be medically necessary and therefore you may be responsible for the full charge of the exam. To make an appointment, please call one of the listed imaging centers most convenient to you. On the day of your exam, the imaging center will ask for your payment up front. The charge for the exam is \$449 for each jaw. Your physician will receive the results of your CT examination in about 7 business days from the day of your examination.

Please arrive about 15 minutes early to complete our registration form. Your exam is painless and lasts approximately 30 minutes. It is very important to hold completely still when the technologist performing your exam instructs you that pictures are ready to be taken. If your physician has given you a special appliance to wear during the exam, please make sure that you bring it with you and inform the technologist before the exam begins.

Call results to: _____
Fax results to: _____

- MAXILLA (UPPER ARCH) \$449 Due at time of service
- MANDIBLE (LOWER ARCH) \$449 Due at time of service
- STENT REQUIRED
- STENT NOT REQUIRED
- ONE SHOT (\$169 PER ARCH) Due at time of service

PATIENT INFORMATION

_____	_____
Last Name	First Name
_____	_____
Date of Birth	
_____	_____
Home Phone Number	Work/Cell Phone Number

RESULTS TO PHYSICIAN:

- Report
- Disk
- Paper Print

Copy of report to: _____

Notes: _____

PHYSICIAN INFORMATION

_____	_____
Referring Practitioner Last Name	First Name
_____	_____
NPI #	Practitioner's Fax Number
_____	_____
Practitioner's Signature	Date

Registration may request a copy of your ID/insurance card for identification only. You and your insurance company will not be billed.

Present this form to Registration on your appointment date.

Registrar:
Plancode: P95
Patient Complaint: V76.12
Mail to Address: Billing Manager, Northwestern Medicine
Lake Forest Hospital
660 North Westmoreland Road
Lake Forest, IL 60045

This form is a referral. Scan into EDM.

SIGNS AND SYMPTOMS/DIAGNOSIS/ICD CODE(S)

When ordering multiple tests on the same order form, please indicate a sign, symptom, diagnosis or ICD Code(s) for each test/treatment. Do not include a "rule-out" diagnosis.

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Call/Fax for Appointments

Northwestern Medicine Lake Forest Hospital offers five convenient locations in Lake and Cook counties for Diagnostic Imaging Services.

- | | |
|--|---|
| <p>1 Lake Forest Hospital
1000 North Westmoreland Road
Main Entrance
Lake Forest, Illinois 60045

847.535.8000 phone
847.535.8001 fax</p> | <p>4 Glenview Outpatient Center
2701 Patriot Boulevard, Suite 175
Glenview, Illinois 60026-8039

847.535.8000 phone
847.535.8001 fax</p> |
| <p>2 Grayslake Outpatient Center
1475 East Belvidere Road (Route 120)
Grayslake, Illinois 60030

847.535.8000 phone
847.535.8001 fax</p> | <p>5 Vernon Hills
870 North Milwaukee Avenue
Vernon Hills, Illinois 60061

847.535.8000 phone
847.535.8001 fax</p> |
| <p>3 Gurnee-Tower Court
25 Tower Court, Suite A
Gurnee, Illinois 60031

847.535.8000 phone
847.535.8001 fax</p> | |

main telephone	847.234.5600	website	nm.org
patient scheduling	847.535.8000	physician referral	847.535.6171