



AURORA IMAGING CORP.
At Boston Breast Diagnostic Center
165 Worcester Street
Wellesley Hills, Massachusetts 02481
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Elsie Levin, M.D.~Medical Director
James M. Snider, M.D.

PHYSICIAN

NAME: _____
PHONE: _____ FAX: _____

PATIENT

NAME: _____ DOB: _____
ADDRESS: _____
HOME PHONE: _____ OTHER: _____

REASON FOR EXAM: _____

INSURANCE ID#: _____ GROUP #: _____
PRE-AUTH #: _____ VALID: _____

PHYSICIAN SIGNATURE: _____ **DATE:** _____

PRECAUTIONS:

To guarantee patient safety the GFR (glomerular filtration rate) must be at or above the required level or the exam cannot be performed. GFR will be taken at the time of the visit.

GUIDELINES FOR SCHEDULING:

- **Schedule between days 7-14 of menstrual cycle.**
- Remind patient to check to see if the insurance requires referral or pre-certification.
- Remind patient to bring most recent mammograms & US images if from an outside facility.

AURORA BREAST MRI APPOINTMENT DATE: _____ TIME: _____