



Legal Name: Central Arkansas Radiation Therapy Institute
 Mailing/Pay: PO Box 55050 • Little Rock, AR 72215
 Physical Address: 8901 CARTI Way • Little Rock, AR 72205
 Tax ID: 71-0437657 • NPI: 1508147810

- CCC-All Services
- CARTI Imaging North (CT/MRI Only)
- CARTI Russellville (CT Only)
- CARTI Pine Bluff (CT/MRI/US Only)
- CARTI Conway (CT Only)
- CARTI El Dorado (CT/US Only)

Scheduling: 501.296.3253 | eFax: 501.537.8786

PATIENT REFERRAL INFORMATION

PATIENT INFORMATION — Please Print

NAME _____

ADDRESS _____

DOB ___/___/___ EMAIL _____

PHONE _____ SSN _____

CLINIC INFORMATION

REFERRING PROVIDER (Name and NPI#)

FACILITY (Name and address)

PHONE _____

FAX _____

CONTACT NAME _____

PRE-CERTIFICATION

- Our Pre-certification team will obtain all prior authorizations.
- Our imaging schedulers will contact the patient to schedule their appointment and will follow up and mail instructions/map.
- Our imaging schedulers will contact the referring physician's office with the date and time of the patient's appointment.
- Our transcription team will fax the imaging report back to the referring physician's office.

PLEASE FAX THE FOLLOWING DOCUMENTS:

___ Signed order

___ Signed office note with type of imaging scan in the plan

___ All pathology

___ All radiology

___ Demographic information (face-sheet)

APPOINTMENT DETAILS

DATE _____

TIME _____

PHYSICIAN'S ORDER

TYPE OF EXAM _____

WITH CONTRAST WITHOUT CONTRAST WITH AND WITHOUT CONTRAST PORT ACCESS OK

QUALIFYING ICD10 AND DIAGNOSIS _____

ORDERING PHYSICIAN (PRINT) _____

ORDERING PHYSICIAN SIGNATURE _____