PARKER COUNTY IMAGING

cleerly

Patient Name: _____ Patient Phone: _____

Patient DOB: _____ Patient Email: _____

Insurance Name: _____ Member ID: _____ Group #: _____

Diagnosis (ICD-10): _____ Date of Service: _____

Ordering Provider Name: _____ Provider Phone: _____

Provider Fax: _____ Provider NPI: _____

Ordering Provider Signature:_____

☑ CORONARY CT ANGIOGRAPHY (CCTA 75574) WITH CLEERLY PLAQUE + Ischemia (If medically necessary)

1701 Martin Dr Weatherford, Texas 76086

Phone Number: 682-368-2510 **Please Fax Order To: 817-796-1321**