

ORDER FORM

Fax completed order form to 603-298-5509. Send CT data to M2S at the address below.
 Questions? Please call: Customer Service 603-298-5509 Option 1 – or email: customer-service@m2s.com

1 Physician Information: (the person for whom the M2S model is being processed)			
Physician Name:			
Institution/Practice Name:		Phone:	
2 Patient Information:			
Last Name:	First Name:		M.I.:
Patient MRN or ID:	Scan Year:	Month:	Day:
Patient Date of Birth:			
4 Provide Access via PEMS To (only applicable for those outside of your institution):			
Name:		Phone:	
Institution/Practice Name:			
Street Address:			
City:	State:	Zip:	
5 Billing Information:			
Bill To Institution:			
o PO #:	o Contract on file		o Test Case
o Other (please explain):			
6 Type of Study:			
o AAA: Pre-op	o AAA: Post-op	o TAA: Pre-op	o TAA: Post-op
o TAA & AAA	o Carotid		
o Other:			
8 Data Transfer Information:			
o INTERNET			
<i>M2S recommends 3mm slicing or less with contrast. If data provided does not meet these standards, please explain why or data will be placed on hold:</i>			
o Best available data	o Renal Insufficiency	o Other:	
Special Instructions:			