



# ORDER FORM

Fax completed order form to 603-298-5055. 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

|  |                       |               |                |
|--|-----------------------|---------------|----------------|
| <b>1 Physician Information:</b> (the person for whom the M2S model is being processed)   |                       |               |                |
| Physician Name:  |                       |               |                |
| Institution/Practice Name:   |                       | Phone:        |                |
| <b>2 Patient Information:</b>  |                       |               |                |
| Last Name:   |                       | First Name:   | M.I.:          |
| Patient MRN or ID:   |                       | Scan Year:    | Month: Day:    |
| Patient Date of Birth:   |                       |               |                |
| <b>3 Provide Access via PEMS To</b> (only applicable for those outside of your institution):   |                       |               |                |
| Name:  |                       | Phone:        |                |
| Institution/Practice Name:   |                       |               |                |
| Street Address:  |                       |               |                |
| City:  |                       | State:        | Zip:           |
| <b>4 Billing Information:</b>  |                       |               |                |
| Bill To Institution:   |                       |               |                |
| o PO #:  | o Contract on file    |               | o Test Case    |
| o Other (please explain):  |                       |               |                |
| <b>5 Type of Study:</b>  |                       |               |                |
| o AAA: Pre-op  | o AAA: Post-op        | o TAA: Pre-op | o TAA: Post-op |
| o TAA & AAA  | o Carotid             | o Other:      |                |
| <b>6 Data Transfer Information:</b>  |                       |               |                |
| o INTERNET   |                       |               |                |
| <b><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></b> |                       |               |                |
| o Best available data  | o Renal Insufficiency | o Other:      |                |
| <b>Special Instructions:</b>   |                       |               |                |
|  |                       |               |                |