



**REQUEST TO OBTAIN AUTHORIZATION**

Central Scheduling: 352-671-4300 • Fax: 352-732-8010  
 www.raocala.com • webappointments@raocala.com

To Be Completed by the Referring Office	
PATIENT NAME	
PATIENT DATE OF BIRTH:	
EXAM(S):	
INSURANCE CARRIER:	
MEMBER ID:	GROUP NUMBER:
SUBSCRIBER'S NAME:	
ORDERING PHYSICIAN/CLINICIAN:	
ORDERING PHYSICIAN/CLINICIAN TAX ID:	
ORDERING PHYSICIAN/CLINICIAN NPI#:	
ORDERING PHYSICIAN/CLINICIAN ME#:	

To Be Completed by Insurance Authorization Department
AUTHORIZATION OBTAINED BY:
AUTHORIZATION NUMBER:
AUTHORIZATION EXPIRATION:
ADDITIONAL NOTES:

**IMPORTANT: Please fax or email a copy of the most recent office/ progress note along with this form (Fax: 352-732-8010)**