

PRIOR AUTHORIZATION REQUEST FORM

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Patient Information:

- Name: Michael Rodriguez
- Date of Birth: 22/08/1985
- Insurance ID: UHC987654321
- Provider: Dr. Jennifer Park

Treatment Requested:

- Procedure: MRI Lumbar Spine without contrast
- Diagnosis: Lower back pain (ICD-10: M54.5)
- Previous Treatments: Over-the-counter NSAIDs (2 weeks)

Clinical Justification:

- Onset: Lower back pain started 3 weeks ago
  - Pain Level: 6/10 on pain scale
  - No neurological deficits present
  - X-ray: Not performed
  - Physical therapy: Not attempted
  - Conservative treatment duration: 2 weeks only
  - Patient requests MRI for "peace of mind"
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Physician Signature: \_\_[Sign Here]\_\_

Date: 20/04/2024