

Stat Call# _____ Stat Fax# _____

Date:	Patient Primary Phone:	Physicians Name:
Patient Name:	Patient Secondary Phone:	Physicians Phone:
Patient DOB:	Patient Email:	Physicians Fax/Email:
Clinical Findings/Diagnosis:		Physicians Signature:

CT	X	CPT	MRI	X	CPT	ULTRASOUND	X	CPT
Abdomen		74150	Abdomen		74181	Abdomen with Duplex*		76700
Abdomen w & w/o contrast		74170	Abdomen w & w/o contrast		74183	Arterial Doppler Bilateral - Lower		93925
Abdomen & Pelvis w/o contrast		74176	Abdomen - MRCP		74183	Arterial Doppler Bilateral - Upper		93930
Abdomen & Pelvis w/only		74177	Extremity Upper R L		73218	Arterial Doppler Bilateral - Neck		93880
Abdomen & Pelvis w & w/o		74178	Circle: Humerus Forearm Hand			Extremity-NON Vascular		76882
Chest w/o		71250	Extremity Upper w & w/o contrast R L		73220	Gallbladder / Liver with Duplex*		76705
Chest w/only		71260	Joint Upper Extremity R L		73221	Kidneys / Bladder w/ Duplex*		76775
Chest w & w/o contrast		71270	Circle: Shoulder Elbow Wrist			OB - Complete > 14 weeks		76805
Chest (lung cancer screening)		71250	Extremity Lower R L		73718	OB - Complete < 14 weeks		76801
Extremity Upper		73200	Circle: Femur/Thigh Tib/Fib Forefoot			Pelvic Transvag & Trans Abd. w/Duplex*	76830/76856	
Circle: Shoulder Elbow Wrist Hand Forearm			Extremity Lower w & w/o contrast		73720	Retroperitoneal/Aorta w/Duplex* (DX: AAA)		76770
Ear/Eye/Sella/Pst		70480	Head		70551	Retroperitoneal/Kidney w/Duplex* (DX: HTN)		76770
Ear/Eye/Sella/Pst w & w/o contrast		70482	Head w & w/o contrast		70553	Sonohysterography		76831
Extremity Lower R L		73700	Head Attention: IAC		70553	Testicular with Duplex*		76870
Circle: Hip Knee Ankle Foot Femur Tib/Fib			Head Attention: Pituitary		70553	Thyroid		76536
Face/Sinus		70486	Joint Lower Extremity R L		73721	Venous Doppler Bilateral Extremity		93970
Head		70450	Circle: Hip Knee Ankle			Venous Doppler Unilateral Extremity		93971
Head w/only		70460	Neck/Orbit/Face		70540	*Do NOT include Duplex-Do NOT evaluate the arterial inflow & venous outflow of the organ/s.	<input type="checkbox"/>	93975
Head w & w/o contrast		70470	Neck/Orbit/Face w & w/o contrast		70543	ECHO		
Neck		70490	Pelvis		72195	FLUOROSCOPY		
Neck w/only		70491	Pelvis w & w/o contrast		72197	NUCLEAR MEDICINE		
Neck w & w/o contrast		70492	Prostate w & w/o contrast		72197	INJECTIONS		
PE Protocol		71275	Spine: Cervical		72141	BIOPSY		
Pelvis		72192	Spine: Cervial w & w/o contrast		72156	CONSULT & TREAT WITH RADIOLOGIST FOR INJECTION OR BX		
Pelvis w/only		72193	Spine: Lumbar		72148	DX:		
Pelvis w & w/o contrast		72194	Spine: Lumbar w & w/o contrast		72158	CONSULT & TREAT WITH RADIOLOGIST FOR INJECTION OR BX		
Spine: Cervial		72125	Spine: Thoracic		72146	CONSULT & TREAT WITH RADIOLOGIST FOR INJECTION OR BX		
Spine: Lumbar		72131	Spine: Thoracic w & w/o contrast		72157	CONSULT & TREAT WITH RADIOLOGIST FOR INJECTION OR BX		
Spine: Thoracic		72128	MRA			CONSULT & TREAT WITH RADIOLOGIST FOR INJECTION OR BX		
Stone Protocol		74176	Abd w & w/o contrast (RENALS)		74185	CONSULT & TREAT WITH RADIOLOGIST FOR INJECTION OR BX		
Urography		74178	Brain - Circle of Willis w/o contrast		70544	CONSULT & TREAT WITH RADIOLOGIST FOR INJECTION OR BX		
CT CORONARY			Brain - Circle of Willis w & w/o contrast		70546	CONSULT & TREAT WITH RADIOLOGIST FOR INJECTION OR BX		
Calcium Scoring		75571	Brain - Sagittal Sinus		70544	CONSULT & TREAT WITH RADIOLOGIST FOR INJECTION OR BX		
CTA Coronary		75574/75571	Neck - Carotids w/o contrast		70547	CONSULT & TREAT WITH RADIOLOGIST FOR INJECTION OR BX		
CTA			Neck - Carotid w & w/o contrast		70549	CONSULT & TREAT WITH RADIOLOGIST FOR INJECTION OR BX		
Abdomen w & w/o contrast		74175	ARTHROGRAM			CONSULT & TREAT WITH RADIOLOGIST FOR INJECTION OR BX		
Abdominal w/run off		75635	Extremity: _____	R	L	CONSULT & TREAT WITH RADIOLOGIST FOR INJECTION OR BX		
Chest w & w/o contrast		71275	X-RAY			CONSULT & TREAT WITH RADIOLOGIST FOR INJECTION OR BX		
Head w & w/o contrast		70496		R	L	CONSULT & TREAT WITH RADIOLOGIST FOR INJECTION OR BX		
Neck w & w/o contrast		70498		R	L	CONSULT & TREAT WITH RADIOLOGIST FOR INJECTION OR BX		
Lower extremity w/only		73706	Dexa Bone Density		77080	CONSULT & TREAT WITH RADIOLOGIST FOR INJECTION OR BX		

Appointment:	Comments or further instructions:
Date:	
Time:	

CONSULT & TREAT WITH RADIOLOGIST FOR INJECTION OR BX

DX:

3D Reconstruction and Color Flow will be utilized if determined medically necessary by the reading Radiologist.

Please arrive 30 minutes prior to your appointment time.
Prep information can be found on the back of this order form.

