



SCHEDULING: (281) 453-7999 or Fax to (281) 453-1179
 Please include a copy of patients insurance card and face sheet.
 Please visit our website for brochures and patient forms WWW.PHNNH.NET
 16750 Red Oak Drive | Houston, Texas 77090

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 w/o contrast		74150	Abdomen w/o contrast		74181	Abdomen with Duplex*		76700	
Abdomen w & w/o contrast		74170	Abdomen w & w/o contrast		74183	Aorta w/Duplex (DX: AAA)		76770	
Abdomen & Pelvis w/o contrast		74176	Abdomen w & w/o contrast- MRCP		74183	Arterial Doppler Bilateral - Lower		93925	
Abdomen & Pelvis w/only		74177	Extremity Upper R L		73218	Arterial Doppler Bilateral - Upper		93930	
Abdomen & Pelvis w & w/o		74178	Circle: Humerus Forearm Hand			Carotid Doppler		93880	
Abd/Pelvis Renal Stone		74176	Extremity Upper w & w/o contrast R L		73220	Extremity-NON Vascular		76882	
Chest w/o contrast		71250	Joint Upper Extremity R L		73221	Gallbladder / Liver with Duplex*		76705	
Chest w/only		71260	Circle: Shoulder Elbow Wrist			Kidneys / Bladder w/ Duplex*		76775	
Chest w & w/o contrast		71270	Extremity Lower R L		73718	Kidney w/Duplex/Renal Artery Doppler* (DX: HTN)		76770	
Chest w & w/o contrast - PE Protocol		71275	Circle: Femur/Thigh Tib/Fib Forefoot			OB - Complete > 14 weeks		76805	
Chest (lung cancer screening)		71250	Extremity Lower w & w/o contrast		73720	OB - Complete < 14 weeks		76801	
Extremity Upper		73200	Head w/o contrast		70551	Pelvic Transvag & Trans Abd. w/Duplex		76830/76856	
Circle: Shoulder Elbow Wrist Hand Forearm			Head w & w/o contrast		70553	Testicular with Duplex		76870	
Extremity Lower R L		73700	Head w & w/o contrast Attention: IAC		70553	Thyroid		76536	
Circle: Hip Knee Ankle Foot Femur Tib/Fib			Head w & w/o contrast Attention: Pituitary		70553	Venous Doppler Bilateral Extremity		93970	
Head w/o contrast		70450	Joint Lower Extremity R L		73721	Venous Doppler Unilateral Extr. R L		93971	
Head w & w/o contrast		70470	Circle: Hip Knee Ankle						
Maxillofacial		70486	Neck Orbit Face w/o contrast Circle One		70540	*Do NOT include Duplex-Do NOT evaluate the arterial inflow & venous outflow of the organ/s.		93975	
Neck w/o contrast		70490	Neck Orbit Face w & w/o Circle One		70543				
Neck w/only		70491	Pelvis w/o contrast		72195	MUSCULOSKELETAL ULTRASOUND			
Neck w & w/o contrast		70492	Pelvis w & w/o contrast		72197	Must select area of focus for limited exams			
Orbit w/o contrast		70480	Prostate w & w/o contrast		72197	Ankle/Foot Limited (Focused) R L		76882	
Orbit w & w/o contrast		70482	Spine: Cervical w/o contrast		72141	Circle DX: Plantar Fasciitis Achilles Tendon			
Pelvis w/o contrast		72192	Spine: Cervical w & w/o contrast		72156	Elbow Limited (Focused) R L		76882	
Pelvis w/only		72193	Spine: Lumbar w/o contrast		72148	Circle DX: Epicondylitis Bursitis Biceps Tendon Triceps Tendon Palpable Area			
Pelvis w & w/o contrast		72194	Spine: Lumbar w & w/o contrast		72158				
Sinus w/o contrast		70486	Spine: Thoracic w/o contrast		72146	Hip Limited (Focused) R L		76856	
Spine w/o: C Spine T Spine L Spine		72125 72128 72131	Spine: Thoracic w & w/o contrast		72157	DX: Bursitis			
Temporal Bones w/o contrast		70480	MRA			Knee Limited (Focused) R L		76882	
Temporal Bones w & w/o contrast		70482	Abd w & w/o contrast (RENALS)		74185	Circle DX: Joint Effusion Bakers Cyst Patellar Tendon Quadriceps Tendon Bursitis Palpable Area			
Urogram		74178	Brain - Circle of Willis w/o contrast		70544				
CT CORONARY			Brain - Circle of Willis w & w/o contrast		70546	Shoulder Complete R L		76882	
Heart w/o Calcium Score		75571	Brain - Sagittal Sinus		70544	Shoulder Limited (Focused) R L		76882	
Heart w/ contrast - Structure Morphology		75574/75571	Neck - Carotids w/o contrast		70547	Shoulder DX: Rotator Cuff Tendons Biceps Tendon AC Joint Bursitis Palpable Area			
CT ANGIO			Neck - Carotid w & w/o contrast		70549				
Abdomen Angio w & w/o contrast		74175	ECHO			Wrist Limited (Focused) R L		76882	
Abdominal Runoff Angio w/wo Bilat Extremities		75635	Echocardiography		93306	Circle DX: Carpel Tunnel Tenosynovitis Ganglion Cyst Palpable Area			
Chest Angio w & w/o contrast		71275	Stress Echo		93350				
Head Angio w & w/o contrast		70496	NUCLEAR MEDICINE			FLUOROSCOPY			
Neck w & w/o contrast		70498	Bone Imaging Whole Body		78306	Barium Enema w/air		74280	
Lower extremity Angio w/only		73706	HIDA Scan with Kinevac		78223	UGI		74247	
Comments or further instructions:			Limited Bone Scan Site: _____		78300	UGI & Small Bowel		74249	
			Thyroid Uptake Scan		78014	Small Bowel Series		74250	
			Appointment:				X-RAY		
			Date:						R L
		Time:						R L	
						Dexa Bone Density		77080	



Interventional Radiology Department

IR Scheduling Phone (281) 453-7100 | Fax (281) 453-7647

Schedule your consult with our Physician Assistant | Nurse Practitioner

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Clinical Findings/Diagnosis:	Physicians Signature:
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BIOPSY	X	CPT	GASTROINTESTINAL	X	CPT	SPINE AND JOINT	X	CPT
Adrenal Biopsy		49180	Cholecystostomy Tube		47490	Calcific Tendonitis Lavage Site: _____		20600
Bone Biopsy		20225	Esophageal Dilation		43453	Cementoplasty/Kyphoplasty/Vertebroplasty		22525/22523
Bone Marrow Biopsy (Iliac Crest)		38221	Gastric Tube		43752	Epidural Steroid Injection Site: _____		62310
Liver Biopsy Focal Non-Focal		47000	Placement Replace Exchange			Intrathecal chemotherapy		96450
Lung Biopsy R L		32405	Gastro-Jejunal Tube		49446	Lumbar Puncture		62270
Lymph Node Biopsy		38505	Placement Replace Exchange			Myelogram		62302/62284/62303
Mediastinal Biopsy		32165	Jejunostomy Tube Replace Exchange		49451/49441	Cervical Lumbar Thoracic		
Mesenteric / Omental Biopsy		49180	Nasogastric Tube		43752	Percutaneous Needle Tenotomy Site: _____		27000
Parotid Biopsy		42400	Nasojejunal Tube		43752			
Renal Biopsy Focal Non-Focal		50200	Other:					
Retroperitoneal Biopsy		49180	VASCULAR ACCESS			JOINT INJECTION		
Soft Tissue Biopsy		20206	Central Venous Catheter		36555	Hip/Knee/Shoulder R L		20610
Spine Biopsy		62269	Tunneled Non Tunneled Replacement Exchange			Hyaluronic Acid (Knees Only) R L		J7323/20610
Symptomatic Cyst Sclerotherapy		49185	Central Venous Port		36560	Elbow/Wrist/ Ankle R L		20605
Thyroid Biopsy		60100	Check Placement Removal			SI Joint Injection R L		27096
			Dialysis Catheter		36565	Facet R L		64490
			Tunneled Non Tunneled Replacement Exchange			PRODUCTS		
CATHETER / DRAIN PLACEMENT			Mediport		36561	Fat Harvest		
Abscess Aspiration Drainage		10160	Placement Removal Check Revision			Hyaluronic Acid		J7321
Abdominal drain Placement Exchange		47525/47511	PICC		36519	PRP		0232T
Biliary Drain Stent Place Exchange		47533	Other:			Steroid		J3301
Chest Tube Placement R L		32550				ARTHROGRAM		
Intraperitoneal Drain Placement Exchange		49423				Arthrogram R L		
Nephrostomy Tube Placement Exchange		50392				Elbow Hip Knee Shoulder Wrist		
Paracentesis		49083	VASCULAR INTERVENTION			24220 27093 27370 23350 25246		
Thoracentesis		32555	Arterial Embolization		37242	GENITOURINARY		
Tunneled Abd Drain Placement (ascites)		49418	Endovenous Laser Ablation		36479	Nephrostomy Placement		50392
Tunneled Chest Tube Placement (effusion)		32550	IVC Filter Placement Retrieval		37193	Suprapubic Catheter		51102
Ureteral Stent Placement R L		52332	Superficial Venous Sclerotherapy/Phlebectomy		36468	Ureteral Stent		50393
Other:			Venous Embolization		37241	Other:		
ONCOLOGIC			Vascular foreign body removal		37197	WOMEN'S HEALTH		
Bland Tumor Embolization		37243	Other:			Hysterosalpingography		58340
Hepatic Chemoembolization		37243				Pelvic Congestion Syndrome		37241
Hepatic Artery Infusion catheter		36260	VARICOSE VEIN			Pelvic Vein embolization		37241
Fiducial Marker Placement		49411	Consult and Treatment			Uterine fibroid embolization		37244
Microwave Tumor Ablation Liver Lung Kidney		47382/32998/50592				MEN'S HEALTH		
Portal Vein Embolization		36481				Varicocele embolization (Testicular)		37241

Appointment:	Comments or further instructions:	<input type="checkbox"/> CONSULT & TREAT WITH PA/NP OR RADIOLOGIST FOR INTERVENTIONAL PROCEDURE
Date:		DX:
Time:		

Blood thinning products must be discontinued 5 days prior to any injection or procedure.

If you have questions or concerns regarding discontinuing these medications please contact your referring physician.

Advil | Aleve | Alka-Seltzer Products | Anacin Products | Bufferin | Aspirin (All forms) | Coumadin | Effient | Eliquis | Excedrin Products | Fish Oil | Glucosamine | Heparin | Ibuprofen Products | Lovanox | Midol | Motrin | Naproxin | Pepto Bismol | Percodan | Plavix | Toradol | Vitamin E | Warafin | Xarelto | Any and all other NSAID Products