

Patient Name: _____ DOB: ____/____/____
 Insurance Name: _____ Ins. ID#: _____
 Date and time of appt.: ____/____/____:____ Patient should arrive 20 min. prior to exam time. Auth # _____

PHYSICIAN ORDER FORM FOR IMAGING SERVICES

OPEN MRI

| | | | | | | |
|-------|---------------------------------|-------|----------------------------------------|-------|--------------|-----|
| 70336 | Bilat TMJ | 72146 | T-spine wo | 73221 | Shoulder | L R |
| 70543 | Orbits/face/neck w/wo | 72157 | T-spine w/wo | 73221 | Elbow | L R |
| 70551 | Head wo | 72148 | L-spine wo | 73721 | Knee | L R |
| 70553 | Head w/wo | 72158 | L-spine w/wo | 73721 | Ankle | L R |
| 70553 | IAC w/wo | 74183 | Liver w/wo | 73718 | Foot | L R |
| 70553 | Pituitary w/wo | 74183 | Kidneys w/wo | 73718 | LE Non-Joint | L R |
| 70544 | MR Angiogram head wo | 74183 | Pancreas w/wo | 73218 | UE Non-Joint | L R |
| 70547 | MR Angiogram neck wo | 72197 | Pelvis (uterus/ovary/prostate/bladder) | 73721 | Hip | L R |
| 73220 | Brachial Plexus w/wo- Upper Ext | 72195 | Sacrum/Coccyx | Other | | |
| 72141 | C-spine wo | 72195 | Bony Pelvis | | | |
| 72156 | C-spine w/wo | 73221 | Wrist | | | L R |

CAT SCAN

| | | | | | | |
|-------|-----------------------------|-------|--------------|-------|----------------------|-----|
| 71260 | Chest with | 70450 | Head wo | 73700 | Ankle | L R |
| 70491 | Soft tissue neck with | 70470 | Head w/wo | 73700 | Foot | L R |
| 74160 | Abdomen with * | 70480 | Orbits | 73700 | Knee | L R |
| 72193 | Pelvis with * | 70486 | Facial bones | 73700 | Hip | L R |
| 74176 | Renal Stone Abd & Pelvis wo | 70486 | Sinuses | 76376 | 3D Rendering - Ortho | |
| 74150 | Abd wo | 72125 | C-spine | 71275 | CTA Chest | |
| 72192 | Pelvis wo | 72128 | T-spine | 74174 | CTA Abd/Pelvis | |
| 74170 | Abd w/wo * | 72131 | L-spine | 74175 | CTA Renal Arteries | |
| 72194 | Pelvis w/wo * | 73200 | Wrist | 74175 | CTA Abd | L R |
| 74176 | Abd & Pelvis wo | 73200 | Shoulder | Other | | L R |
| 74177 | Abd & Pelvis with * | 73200 | Elbow | | | L R |
| 74178 | Abd & Pelvis w/wo * | 73200 | Humerus | | | L R |

*CAT Scan of the abdomen and pelvis require oral contrast. Please administer at time of order.

CT LOW DOSE LUNG SCREENING

ULTRASOUND

| | | | | | |
|-------|--------------------------|-------|--------------------------------|-------|------------------------------------------|
| 76700 | Abdominal Complete | 93925 | Arterial Duplex LE Bilateral | 76830 | US Pelvic non-OB TV |
| 76705 | Abdomen Limited | 93926 | Arterial Duplex LE Unilateral | 76801 | OB <14Wks |
| 76705 | Gallbladder | 93930 | Arterial Duplex UE Bilateral | 76805 | OB >14Wks |
| 76770 | Bladder & Kidneys | 93931 | Arterial Duplex UE Unilateral | 76816 | OB Follow-up |
| 76857 | Bladder | 93971 | Venous Duplex Unilateral UE LE | 76817 | OB Transvaginal |
| 76775 | Kidneys | 93970 | Venous Duplex Bilateral UE LE | 76819 | OB 2nd Trimester Biophysical profile/AFI |
| 76536 | Thyroid/Soft Tissue Neck | 76775 | Abdomen Aorta | Other | |
| 76870 | Scrotum | 76882 | Extremity non-vascular | | |
| 93880 | Carotid Artery Duplex | 76856 | US Pelvic non-OB TA | | |

ICD-Code: _____ Description: _____

PHYSICIAN SIGNATURE: _____
 PHYSICIAN NAME PRINT: _____