

DIAGNOSTIC IMAGING ORDER FORM

✓ = Check for Precert!



HEAD & NECK	GASTROINTESTINAL	✓ NUCLEAR MEDICINE	✓ NUCLEAR MEDICINE Cont'd
<input type="checkbox"/> Facial Bones 70150	<input type="checkbox"/> Barium Enema (NPO+Prep) 74270	<input type="checkbox"/> Hepatobiliary System(NPO) 78226	<input type="checkbox"/> Bone Scan (Whole) 78306
<input type="checkbox"/> Mandible 70110	<input type="checkbox"/> Barium Enema w/ Air 74280	<input type="checkbox"/> Hepatobiliary System 78227	<input type="checkbox"/> Bone Scan (Single) 78300
<input type="checkbox"/> Mastoids 70130	<input type="checkbox"/> Contrast (NPO+Prep)	<input type="checkbox"/> w Ejection Fraction (NPO)	<input type="checkbox"/> Gastric Emptying (NPO) 78264
<input type="checkbox"/> Nasal Bones 70160	<input type="checkbox"/> Gastroview Enema 74270		<input type="checkbox"/> Gallium 78804
<input type="checkbox"/> Neck Soft Tissue 70360	<input type="checkbox"/> Esophagus (Barium Swallow) 74220		<input type="checkbox"/> I-123 Uptake (NPO) 78014
<input type="checkbox"/> Orbits 70200	<input type="checkbox"/> Esophagus (Modified 74230		<input type="checkbox"/> Liver/Spleen 78215
<input type="checkbox"/> Sinuses 70220	<input type="checkbox"/> Barium Swallow)	<input type="checkbox"/> Arterial Pressure Upper 93923	<input type="checkbox"/> Lung Scan 78580
<input type="checkbox"/> Skull (2 Views) 70250	<input type="checkbox"/> GI Series (NPO) 74246	<input type="checkbox"/> Extremity w/o Stress	<input type="checkbox"/> Muga 78472
<input type="checkbox"/> Skull (5 Views) 70260	<input type="checkbox"/> Small Bowel Series (NPO) 74250	<input type="checkbox"/> Arterial Pressure Upper 93923	<input type="checkbox"/> Renal 78707
<input type="checkbox"/> TMJs 70330	<input type="checkbox"/> GI & Small Bowel 74249	<input type="checkbox"/> Extremity w/ Stress	<input type="checkbox"/> Renal w/Lasix &/or Captopril 78708
		<input type="checkbox"/> Arterial Pressure Lower 93923	<input type="checkbox"/> Scrotum/Testicular 78761
<b>CHEST &amp; ABDOMEN</b>		<input type="checkbox"/> Extremity w/o Stress	<input type="checkbox"/> Adenosine Stress 78452
<input type="checkbox"/> Chest (Employees) N/A	<b>✓ UROLOGICAL</b>	<input type="checkbox"/> Arterial Pressure Lower 93923	<input type="checkbox"/> Walking Stress (NPO) 78452
<input type="checkbox"/> Chest - Routine 71046	<input type="checkbox"/> Cystogram 74430	<input type="checkbox"/> Extremity w/ Stress	<input type="checkbox"/> Parathyroid 78070
<input type="checkbox"/> Chest - PA 71045	<input type="checkbox"/> Voiding Cysto-Urethrogram 74455	<input type="checkbox"/> Carotid Doppler 93880	
<input type="checkbox"/> Chest - Lordotic 71047	<input type="checkbox"/> IVP (Routine w/Tomo's) 74415	<input type="checkbox"/> Venous Doppler Upper 93971	
<input type="checkbox"/> Ribs (Chest PA) 71111	<input type="checkbox"/> (NPO+Prep)	<input type="checkbox"/> (Unilateral)	<b>✓ CAT SCAN</b>
<input type="checkbox"/> Sternum 71120	<input type="checkbox"/> IVP (Hypertensive)(NPO+Prep) 74410	<input type="checkbox"/> Venous Doppler Upper 93970	<input type="checkbox"/> Abd w/Contrast (NPO) 74160
<input type="checkbox"/> Sterno - Clavicular jts 71130	<input type="checkbox"/> IVP (Limited) (NPO+Prep) 74400	<input type="checkbox"/> (Bilateral)	<input type="checkbox"/> Abd w/o Contrast (NPO) 74150
<input type="checkbox"/> Abdomen (Flat Plate) 74018	<input type="checkbox"/> Retrograde 74420	<input type="checkbox"/> Venous Doppler Lower 93971	<input type="checkbox"/> Abd w & w/o Contrast (NPO) 74170
<input type="checkbox"/> Abdomen (Flat & Uppt) 74022		<input type="checkbox"/> (Unilateral)	<input type="checkbox"/> Abd/Pelvis w/o Contrast (NPO) 74176
<input type="checkbox"/> Abdomen (Foreign Body) 76010	<b>SPECIAL STUDY</b>	<input type="checkbox"/> Venous Doppler Lower 93970	<input type="checkbox"/> Abd/Pelvis w Contrast (NPO) 74177
	<input type="checkbox"/> Skeletal Survey 77075	<input type="checkbox"/> (Bilateral)	<input type="checkbox"/> Abd/Pelvis w & w/o Contrast(NPO) 74178
<b>UPPER EXTREMITY</b>	<input type="checkbox"/> Tomogram (10) 76100	<b>✓ MRI</b>	<input type="checkbox"/> Cervical Spine w/o Contrast 72125
<input type="checkbox"/> A-C Joints 73050	<input type="checkbox"/> Unilateral Venogram 75820	<input type="checkbox"/> ABD w/o Contrast 74181	<input type="checkbox"/> Chest w/Contrast (NPO) 71260
<input type="checkbox"/> Bone Age Study (Wrist) 77072	<input type="checkbox"/> Bilateral Venogram 75822	<input type="checkbox"/> ABD w & w/o Contrast 74183	<input type="checkbox"/> Chest w/o Contrast 71250
<input type="checkbox"/> Clavicle 73000	<b>✓ ULTRASOUND (Abdomen)</b>	<input type="checkbox"/> MRA Abdomen w Contrast C8900	<input type="checkbox"/> Chest w & w/o Contrast (NPO) 71270
<input type="checkbox"/> Elbow 73080	<input type="checkbox"/> Abdomen 76700	<input type="checkbox"/> Cervical w/o Contrast 72141	<input type="checkbox"/> CTA Abd 74175
<input type="checkbox"/> Forearm 73090	<input type="checkbox"/> Aorta (NPO) 93979	<input type="checkbox"/> Cervical w & w/o Contrast 72156	<input type="checkbox"/> CTA Abd/Pelvis w & wo 74174
<input type="checkbox"/> Hand 73130	<input type="checkbox"/> Appendix/Inguinal 76705	<input type="checkbox"/> Dorsal w/o Contrast 72146	<input type="checkbox"/> CTA CXR 71275
<input type="checkbox"/> Humerus 73060	<input type="checkbox"/> Breast Unilateral 76641	<input type="checkbox"/> Dorsal w & w/o Contrast 72157	<input type="checkbox"/> CTA Abd Aorta with 75635
<input type="checkbox"/> Shoulder / Axillary 73030	<input type="checkbox"/> Breast Bilateral 76641	<input type="checkbox"/> Head w/o Contrast 70551	<input type="checkbox"/> Lower Ext Runoff
<input type="checkbox"/> Scapula 73010	<input type="checkbox"/> Extremity R or L 76882	<input type="checkbox"/> Head (MRI) w & w/o Contrast 70553	<input type="checkbox"/> CTA Neck 70498
<input type="checkbox"/> Wrist 73110	<input type="checkbox"/> Fine Needle Aspiration 10022	<input type="checkbox"/> Head MRA w/o Contrast 70544	<input type="checkbox"/> CTA Pelvis 72191
<b>LOWER EXTREMITY</b>	<input type="checkbox"/> Gallbladder/CBD (NPO) 76705	<input type="checkbox"/> Neck MRA w Contrast 70548	<input type="checkbox"/> Dorsal w/o Contrast 72128
<input type="checkbox"/> Ankle 73610	<input type="checkbox"/> Gastrointestinal 76705	<input type="checkbox"/> Lumbar w/o Contrast 72148	<input type="checkbox"/> Facial w/o Contrast 70486
<input type="checkbox"/> Femur 73552	<input type="checkbox"/> Kidney (Hydrated) 76775	<input type="checkbox"/> Lumbar w & w/o Contrast 72158	<input type="checkbox"/> Facial w/ Contrast 70487
<input type="checkbox"/> Foot 73630	<input type="checkbox"/> Liver (NPO) 76705	<input type="checkbox"/> Pelvis w/o Contrast 72195	<input type="checkbox"/> Head w/o Contrast 70450
<input type="checkbox"/> Heel 73650	<input type="checkbox"/> Needle Core Biopsy 19102	<input type="checkbox"/> Pelvis w & w/o Contrast 72197	<input type="checkbox"/> Head w & w/o Contrast 70470
<input type="checkbox"/> Hip (Unilateral) 73502	<input type="checkbox"/> Neo-Natal 76506	<input type="checkbox"/> Extremity Upper w/o Contrast 73218	<input type="checkbox"/> IAC Temporal Bone w/o Contrast 70480
<input type="checkbox"/> Hip (Bilateral) 73521	<input type="checkbox"/> Pancreas (NPO) 76705	<input type="checkbox"/> Extremity Joint Upper w/o Contrast 73221	<input type="checkbox"/> Lumbar Spine w/o Contrast 72131
<input type="checkbox"/> Knee 73564	<input type="checkbox"/> Paracentesis 49083	<input type="checkbox"/> Extremity Lower w/o Contrast 73718	<input type="checkbox"/> Neck w/Contrast (NPO) 70491
<input type="checkbox"/> Tibia & Fibula 73590	<input type="checkbox"/> Testicular 76870	<input type="checkbox"/> Extremity Joint Lower w/o Contrast 73721	<input type="checkbox"/> Neck w/o Contrast 70490
<b>SPINE &amp; PELVIS</b>	<input type="checkbox"/> Thyroid 76536	<b>OBSTETRICAL</b>	<input type="checkbox"/> Neck w & w/o Contrast(NPO) 70492
<input type="checkbox"/> Cervical (5 View) 72050	<input type="checkbox"/> Soft Tissue Head & Neck 76536	<input type="checkbox"/> Biophysical Profile (Full Bladder) 76819	<input type="checkbox"/> Orbits w/o Contrast 70480
<input type="checkbox"/> Cervical (3 View) 72040	<input type="checkbox"/> Spleen 76705	<input type="checkbox"/> Endovaginal (Empty Bladder) 76830	<input type="checkbox"/> Pelvis w/Contrast (NPO) 72193
<input type="checkbox"/> Lumbar (5 View) 72110	<input type="checkbox"/> Vacuum Assisted Biopsy 19083	<input type="checkbox"/> Endovaginal (Limited) 76830	<input type="checkbox"/> Pelvis w/o Contrast 72192
<input type="checkbox"/> Lumbar (3 View) 72100	<input type="checkbox"/> Venous Patency 93971	<input type="checkbox"/> (Empty Bladder)	<input type="checkbox"/> Pelvis w & w/o Contrast (NPO) 72194
<input type="checkbox"/> Sacrum/ Coccyx 72220		<input type="checkbox"/> OB (Pregnant)(Full Bladder) 76805	<input type="checkbox"/> Sinuses 70486
<input type="checkbox"/> Dorsal 72072	<b>✓ ECHOCARDIOGRAM</b>	<input type="checkbox"/> OB Endovaginal 76817	
<input type="checkbox"/> Pelvis (1 Film) 72170	<input type="checkbox"/> US Echocardiogram 93306	<input type="checkbox"/> OB Limited 76815	
<input type="checkbox"/> Frog Position 72190	<input type="checkbox"/> US Echo Stress/Dobutamine 93350	<input type="checkbox"/> Pelvic (Non-preg)(Full Bladder) 76856	
<input type="checkbox"/> S-I Joints 72202	<input type="checkbox"/> US Echo TE & Placement 93312		

Physician Offices-  
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link.

CLINICAL DATA:

Phy Signature:

Phy Name (print):

Date Written: \_\_\_\_\_

Date Scheduled: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Ins / Precert Info:

Ins Co. Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Ins. Rep. Name: \_\_\_\_\_

Precert #: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_