



Place Patient Label
Inside This Box

7042.03.15896.01hoke Sunset Date: 3/2021

Name:		Sex:	Date of Birth:		Age:
Telephone: (Home)		(Work)	(Mobile)		PreCert/Auth#:
Physician Ph#		Physician Fax#:		Print Name of Physician:	
Physician Signature (Required)			Date/Time (Required):		
<input type="checkbox"/> APPOINTMENT REQUESTED THROUGH SCHEDULING SYSTEM					
IF SCHEDULING VIA FAX, PLEASE INCLUDE THE FOLLOWING INFORMATION: Day of the week: _____				Preference: <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon	
Please fax form to Central Scheduling at (910) 715-1177. Scheduling will contact the patient.					
ATTENTION PATIENT:					
If you have not been contacted within one business day about your appointment, please call (910) 715-2778 or (866) 415-2778.					
CHECK PROCEDURE AND INSERT ICD-10 CODE					

	Nuclear Medicine	CPT	DX CODE
<input type="checkbox"/>	Biliary Scan w/ Pharm	78227	
<input type="checkbox"/>	Biliary Scan w/o Pharm	78226	
<input type="checkbox"/>	Bone/Joint Scan 3 Phase	78315	
<input type="checkbox"/>	Bone/Joint Whole Body Scan	78306	
<input type="checkbox"/>	Bone/Joint Limited Scan	78300	
<input type="checkbox"/>	Bone/Joint Multi Area Scan	78305	
<input type="checkbox"/>	Gastric Emptying	78264	
<input type="checkbox"/>	Liver Spleen Scan	78215	
<input type="checkbox"/>	Lung Scan Perfusion	78580	

	Nuclear Medicine	CPT	DX CODE
<input type="checkbox"/>	Meckles Scan	78290	
<input type="checkbox"/>	Myocardial Perf Panel (Cardiolite)		
	Select One: <input type="checkbox"/> Treadmill <input type="checkbox"/> Pharmacologic	78452	
<input type="checkbox"/>	Parathyroid	78070	
<input type="checkbox"/>	Renal Scan wo Pharm Single Study	78707	
<input type="checkbox"/>	Renal scan w/Lasix Single Study	78708	
<input type="checkbox"/>	Rest MUGA Cardiac Scan	78472	
<input type="checkbox"/>	VQ Vent & Perfusion	78582	
<input type="checkbox"/>	Thyroid Scan with TC99	78013	

Comments:	
Appointment Date/Time:	<input type="checkbox"/> Spoke to patient <input type="checkbox"/> Left message for Patient <input type="checkbox"/> No answer

ATTENTION PATIENT:

We request that patients arrive at the registration desk fifteen minutes prior to the scheduled appointment, unless otherwise specified.

****Special Instructions to Ordering Physician:**

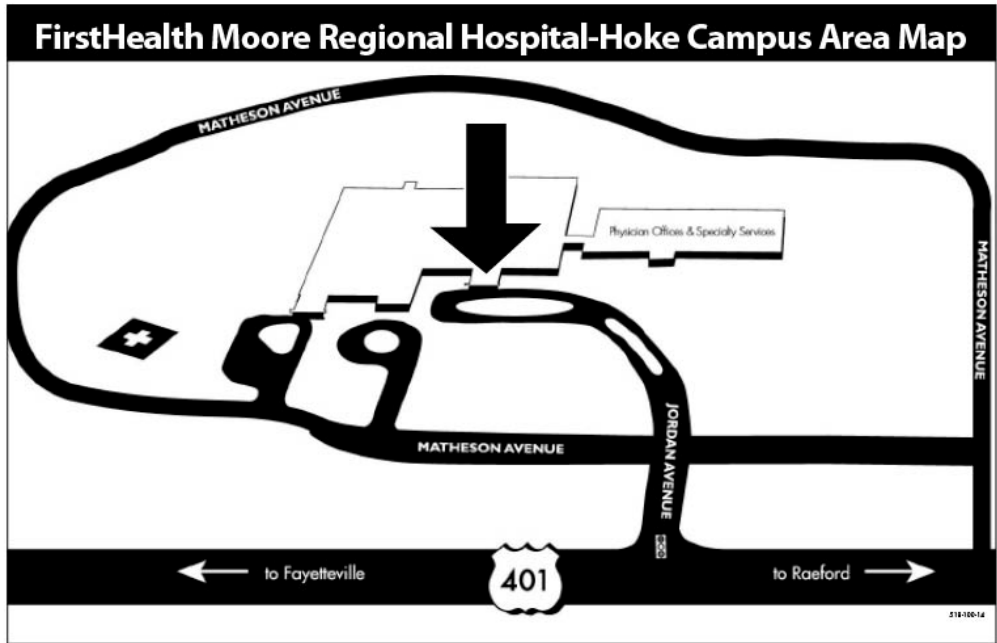
<p>Nothing to eat, drink, or medications 8 hours prior to the procedure</p> <ul style="list-style-type: none"> <input type="checkbox"/> Biliary Scan with or without pharm <input type="checkbox"/> Gastric Emptying <input type="checkbox"/> Iodine Scan Whole Body <input type="checkbox"/> Therapy Oral Radioiodine I-131 <input type="checkbox"/> Thyroid Scan with uptake

**Nothing to eat or drink 4 hours prior to the procedure.
No caffeine 24 hours prior to the procedure.
If you are taking medications, please speak with your physician about
discontinuing them.**

Myocardial Perf. Panel

FOR APPOINTMENTS PLEASE CALL THE SCHEDULING DEPARTMENT:

1-910-715-APPT (2778) OR 1-866-415-APPT (2778)



PARKING: Please check designated parking area for patients:

<input type="checkbox"/> Monday – Friday 7:30am – 5:00pm	Outpatients will enter through the Outpatient entrance.
<input type="checkbox"/> Monday – Friday before 7:30am	Outpatients will enter through the Emergency Department and let registration staff know you are there for an outpatient examination.

ALL PATIENTS

Please be prepared to present health care insurance identification cards upon registration. With this information, we will allow credit on your account to the limit of benefits of your insurance coverage. You will be requested to pay any balance due at this time or make satisfactory arrangements for payment.

THANK YOU FOR CHOOSING FIRSTHEALTH MOORE REGIONAL HOSPITAL HOKE CAMPUS FOR YOUR HEALTH CARE NEEDS.

PHYSICIAN OFFICE

- ★ ICD-10 Codes should be provided for each test/panel ordered.
- ★ Medicare reimbursement may be denied for duplicate tests within 72 hours and/or non-approved ICD-10 Codes.