



Place Patient Label
Inside This Box

**Physicians Order for Diagnostics CT –
Hoke Campus**

Name:	Sex:	Date of Birth:	Age:	SS#:
Telephone:(Home)	(Work)	(Mobile)	PreCert/Auth#	
Physician Ph#	Physician Fax#	Print Name of Physician:		

Physician Signature (Required) _____ **Date/Time (Required):** _____

APPOINTMENT REQUESTED THROUGH SCHEDULING SYSTEM
IF SCHEDULING VIA FAX, PLEASE INCLUDE THE FOLLOWING INFORMATION: Day of the week: _____ Preference: Morning 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 CNTR = CONTRAST

CPT	CT	DX CODE	Exam Code	CT ANGIOGRAPHY (CTA)	DX CODE
<input type="checkbox"/> 70450	CT- Head or Brain No Cntr		<input type="checkbox"/> 70496	CTA Head w/ wo Cntr	
<input type="checkbox"/> 70470	CT- Head or Brain w/wo Cntr		<input type="checkbox"/> 70498	CTA Neck w/ wo Cntr	
<input type="checkbox"/> 70486	CT- Sinuses/Facial Bones No Cntr				
<input type="checkbox"/> 70480	CT- Orbit,Sella,Middle Ear No Cntr		<input type="checkbox"/>	AAA: (ENDOVASCULAR PROTOCOL)	
<input type="checkbox"/> 70481	CT- Orbit,Sella,Middle Ear w/ Cntr		74174	CTA Abd & Pelvis w/Cntr	
<input type="checkbox"/> 70482	CT- Orbit,Sella,Middle Ear w/wo Cntr		<input type="checkbox"/>	AORTA & RUNOFF:	
<input type="checkbox"/> 70490	CT- Neck Soft Tissue No Cntr		75635	CTA Abd Aorta/Bilat Iliofem w/wo Cntr	
<input type="checkbox"/> 70491	CT- Neck Soft Tissue w/ Cntr		<input type="checkbox"/>	DISSECTION: (includes both when checked)	
<input type="checkbox"/> 71250	CT- Chest/Thorax No Cntr		71275	CTA Chest w/ wo Cntr	
<input type="checkbox"/> 71250	CT- Chest/Thorax w/ Cntr		74175	CTA Abdomen w/ wo Cntr	
<input type="checkbox"/> 74176	CT- Abd & Pelvis No Cntr <input type="checkbox"/> Oral		<input type="checkbox"/>	PULMONARY EMBOLUS:	
<input type="checkbox"/> 74177	CT- Abd & Pelvis w/ Cntr <input type="checkbox"/> Oral		71275	CTA Chest w/ wo Cntr	
<input type="checkbox"/> 74178	CT- Abd & Pelvis w/ wo Cntr <input type="checkbox"/> Oral		<input type="checkbox"/>	THORACIC ANEURYSM:	
<input type="checkbox"/> 74150	CT- Abd No Cntr <input type="checkbox"/> Oral		71275	CTA Chest w/ wo Cntr	
<input type="checkbox"/> 72192	CT- Pelvis No Cntr <input type="checkbox"/> Oral				
<input type="checkbox"/> 74160	CT- Abd w/ Cntr <input type="checkbox"/> Oral				
<input type="checkbox"/> 72193	CT- Pelvis w/ Cntr <input type="checkbox"/> Oral				
<input type="checkbox"/> 74170	CT- Abd w/ wo Cntr (Adrenal, Kidneys, Liver, Mass) <input type="checkbox"/> Oral				
<input type="checkbox"/> 72194	CT- Pelvis w/ wo Cntr <input type="checkbox"/> Oral				
<input type="checkbox"/> 72125	CT- Cervical Spine No Cntr				
<input type="checkbox"/> 72128	CT- Thoracic Spine No Cntr				
<input type="checkbox"/> 72131	CT- Lumbar Spine No Cntr				
<input type="checkbox"/> 73200	CT- Upper Ext No Cntr <input type="checkbox"/> L <input type="checkbox"/> R				
<input type="checkbox"/> 73700	CT- Lwr Ext No Cntr <input type="checkbox"/> L <input type="checkbox"/> R				
<input type="checkbox"/> 76377	CT- 3D w/Image PP on Wkstation				
<input type="checkbox"/>	KIDNEY STONE PROTOCOL:				
<input type="checkbox"/> 74176	CT- Abd Pelvis No Cntr				

Last LMP:
UHCg Performed: No Yes **Results:**
 Please send a copy of UHCg results with order

Comments: _____

Call Results to: _____ After Hours #: _____

Creatinine within the last 30 days: Yes, Results: _____, also fax to (910)715-1177 No, Refer to policy on back of form

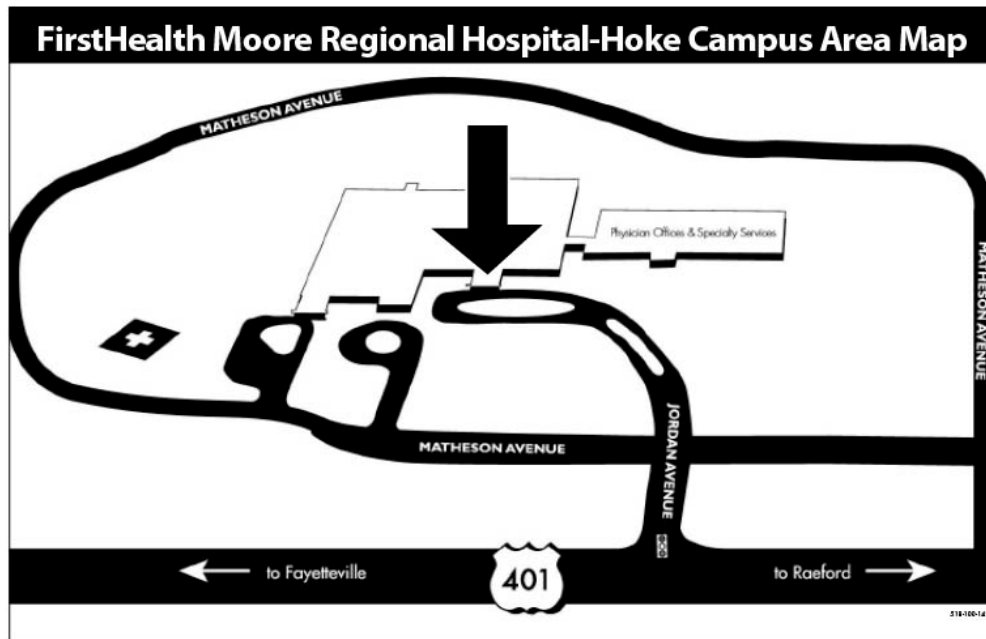
Appointment date/time _____ Spoke to patient Left message for patient No answer

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

- If the patient is allergic to IV dye or Iodine, follow the 13 hour Pre-Med protocol.
 - Patient must have a creatinine within the last 30 days if they meet any of the following criteria:
 - History of renal disease, diabetes, hypertension, liver transplant, or severe hepatic disease
 - Over the age of 60
- Fax results to 715-1177 prior to patient's appointment. Request Creatinine order in comments if needed.

CT Preps

<p>Nothing to eat or drink for 2 hours prior to the procedure</p> <ul style="list-style-type: none"> <input type="checkbox"/> AAA: (ENDOVASCULAR PROTOCOL) <input type="checkbox"/> CTA ABDOMEN W/WO CNTR <input type="checkbox"/> CTA ABD AORTA/BILAT ILIOFEM <input type="checkbox"/> CTA CHEST W/CNTR <input type="checkbox"/> CTA HEAD W/WO CNTR <input type="checkbox"/> CTA NECK W/WO CNTR <input type="checkbox"/> CTA PELVIS W/WO CNTR <input type="checkbox"/> CHEST W/CNTR <input type="checkbox"/> DISSECTION <input type="checkbox"/> HEAD W/WO CNTR <input type="checkbox"/> NECK SOFT TISSUE W CNTR <input type="checkbox"/> ORBIT, SELLA, MIDDLE EAR W CNTR <input type="checkbox"/> PULMONARY EMBOLUS <input type="checkbox"/> SINUSES/FACIAL BONES W CNTR 	<p>Nothing to eat or drink for 4 hours prior to procedure Pick up prep if needed at the Hospital CT Department.</p> <ul style="list-style-type: none"> <input type="checkbox"/> ABD NO CNTR <input type="checkbox"/> ABD W/WO (KIDNEYS/LIVER/MASS) CNTR <input type="checkbox"/> ABD W CNTR <input type="checkbox"/> PELVIS NO CNTR <input type="checkbox"/> PELVIS W CNTR <input type="checkbox"/> PELVIS W/WO CNTR <input type="checkbox"/> ABD/PELVIS WO CNTR <input type="checkbox"/> ABD/PELVIS W CNTR <input type="checkbox"/> ABD/PELVIS W/WO CNTR
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PARKING: Please check designated parking area for patients:

- Monday – Friday 7:30am – 5:00pm Outpatients will enter through the Outpatient entrance.
- Monday – Friday before 7:30am or after 5:00pm and Weekends Outpatients will enter through the Emergency Department