



Place Patient Label
Inside This Box

Physicians Order for Diagnostics
Angiography – Moore Campus
Page 1 of 1

7052.03.15895.05. moore Sunset Date: 3/2021

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: Please bring a written list of all your current medications.
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

Interventional Radiology	CPT	DX CODE
<input type="checkbox"/> Arteriogram (Abdominal)	75625	
<input type="checkbox"/> Arteriogram (Carotid) <input type="checkbox"/> L <input type="checkbox"/> R	36223	
<input type="checkbox"/> Arteriogram (Carotid) Bilateral	3622350	
<input type="checkbox"/> Arteriogram Extremity <input type="checkbox"/> L <input type="checkbox"/> R	75710	
<input type="checkbox"/> Arteriogram Extremity Bilateral	75716	
<input type="checkbox"/> Arteriogram (Renal) <input type="checkbox"/> L <input type="checkbox"/> R	36251	
<input type="checkbox"/> Arteriogram (Renal) Bilateral	36252	
<input type="checkbox"/> Epidural Steroid Injection (Cervical)	62310	
<input type="checkbox"/> Epidural Steroid Injection (Lumbar)	64483	
<input type="checkbox"/> Facet Joint Injection (Cervical/Thoracic) Specify Level:	64490	
<input type="checkbox"/> Facet Joint Injection (Lumbar) Specify Level:	64493	
<input type="checkbox"/> Root Sleeve Injection (Cervical/Thoracic) Specify Level:	64479	
<input type="checkbox"/> Root Sleeve Injection (Lumbar) Specify level:	64483	
<input type="checkbox"/> Biliary Drainage Percutaneous	47541	
<input type="checkbox"/> Biliary Stent	47538	
<input type="checkbox"/> Biliary Tube Exchange	47536	
<input type="checkbox"/> IVC Filter Placement	37191	
<input type="checkbox"/> IVC Filter Retrieval	37193	
<input type="checkbox"/> Nephrostomy Tube Exchng <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Bilat	50435	
<input type="checkbox"/> Nephrostomy Tube Placement <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Bilat	50432	
<input type="checkbox"/> Percutaneous Cholangiography	47532	
<input type="checkbox"/> PICC Line Exchange	36584	
<input type="checkbox"/> PICC Line Placement	36569	
<input type="checkbox"/> Portacath Check	36598	
<input type="checkbox"/> Portacath Placement	36561	
<input type="checkbox"/> Portacath Removal	36590	
<input type="checkbox"/> Powerline Removal	36589	
<input type="checkbox"/> Tunneled Central Line (Powerline)	36558	

Interventional Radiology	CPT	DX CODE
<input type="checkbox"/> G / J-Tube Placement / Exchange	49452	
<input type="checkbox"/> Gastrostomy Tube Placement	49440	
<input type="checkbox"/> Kyphoplasty (Thoracic) Specify Level:	22513	
<input type="checkbox"/> Kyphoplasty (Lumbar) Specify Level:	22514	
Interventional Radiology	CPT	DX CODE
<input type="checkbox"/> Arterial Thrombectomy/Thrombolysis <input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Bilat	37211	
<input type="checkbox"/> Venous Thrombectomy/Thrombolysis <input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Bilat	37212	
<input type="checkbox"/> Ureteral Stent Placement <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Bilat	50693	
<input type="checkbox"/> Venogram Unilateral <input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> L <input type="checkbox"/> R	75820	
<input type="checkbox"/> Venogram Bilateral <input type="checkbox"/> Upper <input type="checkbox"/> Lower	75822	
<input type="checkbox"/> Uterine Fibroid Embolization	37243	
<input type="checkbox"/> IVC Gram	75825	
<input type="checkbox"/> SVC Gram	75827	
Dialysis Procedures	CPT	DX CODE
<input type="checkbox"/> Declot (Dialysis Fistula)	36870	
<input type="checkbox"/> Fistulogram/ (Dialysis)	36147	
<input type="checkbox"/> Perm Cath – Tunneled Central Line	36558	
<input type="checkbox"/> Perm Cath Ck-CVAD patency ck	36598	
<input type="checkbox"/> Perm Cath Exchge-Tunneled Cent. Line	36581	
<input type="checkbox"/> Perm Cath Removal	36589	
<input type="checkbox"/> CVC Catheter Repair	36575	
Indwelling Cath Placement (Ex. Pleurx)	CPT	DX CODE
<input type="checkbox"/> Abdomen	49418	
Also Order: 6705 US-Abd Limited	76705	
<input type="checkbox"/> Chest <input type="checkbox"/> L <input type="checkbox"/> R	32550	
Also Order: 6604 US-Chest	76604	
Indwelling Cath Removal (Ex. Pleurx)	CPT	DX CODE
<input type="checkbox"/> Abdomen	49422	
<input type="checkbox"/> Chest	32552	

Comments: _____

Appointment Date/Time: _____ Spoke to patient Left message for Patient No answer

If the patient is allergic to IV dye or Iodine, follow the 13 hour Pre-Med protocol.
 ° 50 mg P.O. Prednisone 13 hours, 5 hours, and 1 hour prior to procedure
 ° 50 mg P.O. Benadryl 1 hour prior to procedure
 If you have any questions, please call (910)715-1414.

If you are taking Aspirin, Coumadin, Plavix or any blood thinner discontinue 5 days prior to procedure

**Physicians Order for Diagnostics
Angiography – Moore Campus**

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

Nothing to eat or drink after midnight prior to the procedure	
<input type="checkbox"/> Arteriogram	<input type="checkbox"/> Kyphoplasty
<input type="checkbox"/> Biliary Drain	<input type="checkbox"/> Arterial / Venous Thrombectomy/Thrombolysis
<input type="checkbox"/> Biliary Stent	<input type="checkbox"/> Ureteral Stent Placement
<input type="checkbox"/> Nephrostomy Tube Placement/Exchange	<input type="checkbox"/> Uterine Fibroid Embolization
<input type="checkbox"/> Cholangiography	<input type="checkbox"/> Portacath Placement

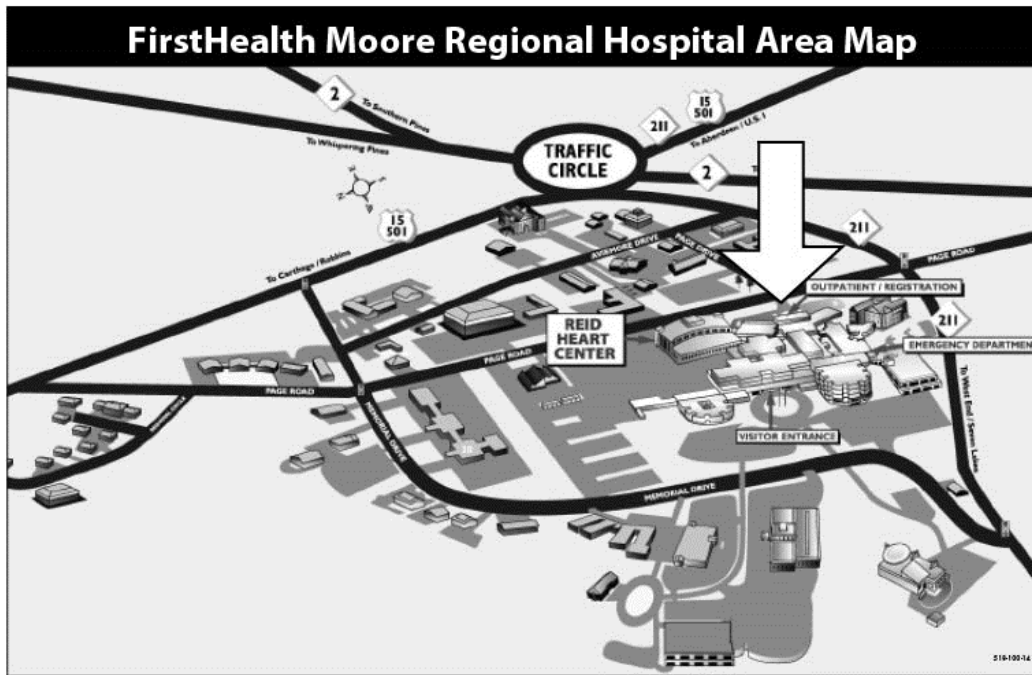
*ATTENTION PATIENT: Please bring a written list of all your current medications.
We request that patients arrive at the registration desk thirty minutes prior to the scheduled appointment, unless otherwise specified.*

FOR APPOINTMENTS PLEASE CALL THE SCHEDULING DEPARTMENT:

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

PHYSICIAN OFFICE STAFF TO CHECK DESIGNATED PARKING

- OUTPATIENT PARKING:** Monday-Friday, 4:30 a.m. – 9:30 p.m., Saturday, 5:30 a.m. – 7:00 p.m. Closed Sunday. Outpatients should use the Outpatient Building parking lot in front of the Outpatient Building located on Page Road
- PREADMISSION PARKING** is available in the Outpatient Building parking lot in front of the Outpatient Building located on Page Road.



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 FOR YOUR HEALTH CARE NEEDS.