



Place Patient Label
Inside This Box

**Physicians Order for Diagnostics
Diagnostic Imaging – Moore Campus**

Page 1 of 1

7040.03.15772.09.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):** _____

| | | | | |
|--|------------------------|---|---|------------------------------------|
| <input type="checkbox"/> APPOINTMENT REQUESTED THROUGH SCHEDULING SYSTEM | Appointment Date/Time: | <input type="checkbox"/> Spoke to patient | <input type="checkbox"/> Left message for Patient | <input type="checkbox"/> No answer |
|--|------------------------|---|---|------------------------------------|

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

| Radiology Procedures | CPT | DX CODE | Diagnostic Imaging | CPT | DX CODE |
|--|-------------------------|---------|--|-------|---------|
| <input type="checkbox"/> BE Single Contrast w/wo KUB | 74270 | | <input type="checkbox"/> Elbow-2 views <input type="checkbox"/> L <input type="checkbox"/> R | 73070 | |
| <input type="checkbox"/> BE Air Contrast | 74280 | | <input type="checkbox"/> Elbow Complete 3views min <input type="checkbox"/> L <input type="checkbox"/> R | 73080 | |
| <input type="checkbox"/> Cystogram | 74430 | | <input type="checkbox"/> Facial Bones 3views min | 70150 | |
| <input type="checkbox"/> Cystogram Voiding | 74455 | | <input type="checkbox"/> Femur 2views min <input type="checkbox"/> L <input type="checkbox"/> R | 73552 | |
| <input type="checkbox"/> Dexascan- Bone Density only | 77080 | | <input type="checkbox"/> Finger(s) 2views min (Thumb) <input type="checkbox"/> L <input type="checkbox"/> R | 73140 | |
| <input type="checkbox"/> Dexascan-Bone Density w/ Vertebral Fx Assess | 77085 | | <input type="checkbox"/> Foot 2 views <input type="checkbox"/> L <input type="checkbox"/> R | 73620 | |
| <input type="checkbox"/> Dysphagia/Speech Modified Barium Swallow | 74230 | | <input type="checkbox"/> Foot 3views min <input type="checkbox"/> L <input type="checkbox"/> R | 73630 | |
| <input type="checkbox"/> Esophagus/Barium Swallow | 74220 | | <input type="checkbox"/> Forearm 2views <input type="checkbox"/> L <input type="checkbox"/> R | 73090 | |
| <input type="checkbox"/> IVP with Tomograms | 74415 | | <input type="checkbox"/> Hand 2 views <input type="checkbox"/> L <input type="checkbox"/> R | 73120 | |
| <input type="checkbox"/> IVP without Tomograms | 74400 | | <input type="checkbox"/> Hand 3views min <input type="checkbox"/> L <input type="checkbox"/> R | 73130 | |
| <input type="checkbox"/> Mammogram Diagnostic Bilateral (Digital) | 77066 | | <input type="checkbox"/> Hip Unilat w/Pelvis 2-3vws <input type="checkbox"/> L <input type="checkbox"/> R | 73502 | |
| <input type="checkbox"/> Mammo Diagnostic Unilat (Digital) <input type="checkbox"/> L <input type="checkbox"/> R | 77065 | | <input type="checkbox"/> Hip Bilat w/Pelvis 2v | 73521 | |
| <input type="checkbox"/> Needle Loc w/ Mammo | 19281 | | <input type="checkbox"/> Humerus 2views min <input type="checkbox"/> L <input type="checkbox"/> R | 73060 | |
| <input type="checkbox"/> Stereotactic Biopsy | 19081 | | <input type="checkbox"/> Knee 1 or 2views <input type="checkbox"/> L <input type="checkbox"/> R | 73560 | |
| <input type="checkbox"/> Myelogram (Cervical) | 62302 | | <input type="checkbox"/> Knee 4 or more views <input type="checkbox"/> L <input type="checkbox"/> R | 73564 | |
| <input type="checkbox"/> Myelogram (Thoracic) | 62303 | | <input type="checkbox"/> Knees Standing AP | 73565 | |
| <input type="checkbox"/> Myelogram (Lumbar) | 62304 | | <input type="checkbox"/> L Spine 2 or 3 views | 72100 | |
| <input type="checkbox"/> Myelogram (2 Or More Areas-Specify) | 62305 | | <input type="checkbox"/> L Spine 4views min | 72110 | |
| <input type="checkbox"/> Shunt Series (Includes: KUB, Skull <4vws, Chest) | 74018 70250 71045 | | <input type="checkbox"/> L Spine- W/ Flex & Extend =>6Views | 72114 | |
| <input type="checkbox"/> Shuntogram | 75809 | | <input type="checkbox"/> Mandible Panoramic | 70355 | |
| <input type="checkbox"/> Small Bowel Series:Specify Cntr: | 74250 | | <input type="checkbox"/> Nasal Bones 3views min | 70160 | |
| <input type="checkbox"/> Sniff Test | 76000 | | <input type="checkbox"/> Osseous Survey Complete(Adult) | 77075 | |
| <input type="checkbox"/> UGI with Cystals wo KUB | 74246 | | <input type="checkbox"/> Osseous Survey (Infant less than12mths) | 77076 | |
| <input type="checkbox"/> UGI without Cystals w KUB (Gastric Pt) | 74241 | | <input type="checkbox"/> Pelvis 1 or 2views | 72170 | |
| <input type="checkbox"/> UGI with Crystals / Small Bowel | 74249 | | <input type="checkbox"/> Ribs Bilateral w/PA chest 4views min | 71111 | |
| Diagnostic Imaging | CPT | DX CODE | <input type="checkbox"/> Ribs Unilateral 2 Views <input type="checkbox"/> L <input type="checkbox"/> R | 71100 | |
| <input type="checkbox"/> Abdomen 1 view | 74018 | | <input type="checkbox"/> Ribs Unilateral w/PA chest 3v min <input type="checkbox"/> L <input type="checkbox"/> R | 71101 | |
| <input type="checkbox"/> Abdomo 2 views | 74019 | | <input type="checkbox"/> Sacrum & Coccyx 2views min | 72220 | |
| <input type="checkbox"/> Acute ABD Series w/1view Chest | 74022 | | <input type="checkbox"/> Scoliosis Series | 72082 | |
| <input type="checkbox"/> Ankle 2 views <input type="checkbox"/> L <input type="checkbox"/> R | 73600 | | <input type="checkbox"/> Shoulder 2view min <input type="checkbox"/> L <input type="checkbox"/> R | 73030 | |
| <input type="checkbox"/> Ankle 3views min <input type="checkbox"/> L <input type="checkbox"/> R | 73610 | | <input type="checkbox"/> Sinuses Paranasal >3views | 70220 | |
| <input type="checkbox"/> Calcaneus/Heel 2views min <input type="checkbox"/> L <input type="checkbox"/> R | 73650 | | <input type="checkbox"/> Sinuses Waters <3views | 70210 | |
| <input type="checkbox"/> Chest 1 view(Specify) | 71045 | | <input type="checkbox"/> Skull <4views | 70250 | |
| <input type="checkbox"/> Chest 2 views(Specify) | 71046 | | <input type="checkbox"/> Skull complete min 4views | 70260 | |
| <input type="checkbox"/> Chest 3 Views(Specify) | 71047 | | <input type="checkbox"/> Sternum 2views min | 71120 | |
| <input type="checkbox"/> Clavicle <input type="checkbox"/> L <input type="checkbox"/> R | 73000 | | <input type="checkbox"/> Thoracic Spine 2views | 72070 | |
| <input type="checkbox"/> C Spine- 2 or 3 views | 72040 | | <input type="checkbox"/> Tibia & Fibula 2views <input type="checkbox"/> L <input type="checkbox"/> R | 73590 | |
| <input type="checkbox"/> C Spine- 4 or 5 views | 72050 | | <input type="checkbox"/> Toe(s) 2views min <input type="checkbox"/> L <input type="checkbox"/> R | 73660 | |
| <input type="checkbox"/> C Spine- W/ Flex & Extend =>6views | 72052 | | <input type="checkbox"/> Wrist 2views AP/Lat <input type="checkbox"/> L <input type="checkbox"/> R | 73100 | |
| | | | <input type="checkbox"/> Wrist 3views min <input type="checkbox"/> L <input type="checkbox"/> R | 73110 | |

Comments: _____

Physicians Order for Diagnostics
Diagnostic Imaging – Moore Campus

****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.**

| | |
|---|---|
| <p>Bowel Prep per Imaging Policy. Recent physician visit notes and /or post-operative notes.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Barium Enema <input type="checkbox"/> Barium Enema via Colostomy or Ileostomy (must be discussed with Radiologist and/or Supervisor and patient must bring an extra ostomy bag) <input type="checkbox"/> Barium Enema Air Contrast | <p>Nothing to eat or drink for 2 hours prior to procedure and must have a driver. If you are taking Aspirin, Coumadin, Plavix , Brilinta, discontinue 5 days prior to procedure (must be cleared by Cardiologist if applicable).</p> <ul style="list-style-type: none"> <input type="checkbox"/> LUMBAR PUNCTURE <input type="checkbox"/> CERVICAL MYELOGRAM <input type="checkbox"/> THORACIC MYELOGRAM <input type="checkbox"/> LUMBAR MYELOGRAM <input type="checkbox"/> MYELOGRAM TWO OR MORE AREAS |
| <p>Adults: Nothing to eat or drink after midnight prior to the procedure. Specify contrast if patient is recent gastric bypass/sleeve patient.</p> <ul style="list-style-type: none"> <input type="checkbox"/> BARIUM SWALLOW <input type="checkbox"/> UPPER GI <input type="checkbox"/> UPPER GI W/SMALL BOWEL (minimal 2 hour procedure) <input type="checkbox"/> SMALL BOWEL (minimal 2 hour procedure) | <p>Pediatrics: Nothing to eat or drink for 3 hours prior to procedure. (bring favorite bottle or cup)</p> <ul style="list-style-type: none"> <input type="checkbox"/> BARIUM SWALLOW <input type="checkbox"/> UPPER GI <input type="checkbox"/> UPPER GI WITH SMALL BOWEL <p>ADULT: Light meal 3 hours prior to procedure.</p> <ul style="list-style-type: none"> <input type="checkbox"/> IVP WITH OR WITHOUT TOMOS |

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.

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.

