

**TO ORDER TEST: CIRCLE THE TEST NUMBER AND INSERT ICD-10 CODE. FOR TEST WITH A “#” SIGN,  
PLEASE CALL FOR AN APPOINTMENT: Cardiopulmonary and Imaging 1-866-415-2778; Laboratory – (910) 571-5230**

NAME	SEX	AGE	DATE OF BIRTH	(REQUIRED) <u>PRINT</u> NAME OF PHYSICIAN	(REQUIRED) DATE
AVOID DELAYS - SEND ORIGINAL ORDER WITH PATIENT. FAX CARDIO & IMAGING ORDERS TO (910) 715-1177. FAX LAB ORDERS TO (910) 571-5293.				(REQUIRED) PHYSICIAN'S <u>SIGNATURE</u>	PRECERT #/ AUTHORIZATION:

**Appointment Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **Day:** \_\_\_\_\_ **Comments:** \_\_\_\_\_

SPECIMEN COLLECTION INFORMATION (REQUIRED) <input type="checkbox"/> STAT <input type="checkbox"/> FASTING	DATE AND TIME COLLECTED	ANTIBIOTIC/ANTICOAGULANT THERAPY	COLLECTOR'S INITIALS
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**Send Results to:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_ **Fax #:** \_\_\_\_\_

	CARDIOPULMONARY	Dx code	RADIOLOGY continued	Dx Code	CAT SCAN	Dx code	ULTRASOUND	Dx code
1230	# EKG		72100 L Spine – 3 views		70486 # Facial Bones		93970 # Venous/ext./Bil/lower (DVT)	
1000	# Holter Monitor-specify hrs <input type="checkbox"/> 24hrs <input type="checkbox"/> 48 hrs		72110 L Spine – 5 views Routine		70450 # Head Scan w/o cntr			
			77067 # Screening Mammogram		70470 # Head Scan w/ & w/o cntr		93971 # Venous/ext./Unilateral/upper (DVT)	
1210	# Exercise Stress Test		77066 # Mammogram/Bil. w/problem or history of breast cancer		73700 # Lower Extremity			
1222	# Echocardiogram w/ Doppler/Color Flow		77065 # Mammogram Diagnostic Unilateral <input type="checkbox"/> L <input type="checkbox"/> R		72131 # L Spine w/o cntr		<b>LABORATORY</b>	<b>Dx Code</b>
10145	# ABG FIO <sub>2</sub> _____				72132 # L Spine w/ cntr		15480 CBC	
1010	# Pulse Oximetry FIO <sub>2</sub> _____		77067 # Mammogram Screen Unilateral <input type="checkbox"/> L <input type="checkbox"/> R		72133 # L Spine w/ & w/o cntr		15235 Platelet Count	
1190	# Pulse Ox Continuous Overnight FIO <sub>2</sub> _____				70490 # Neck w/o cntr		15685 White Blood Count	
430	# PFT (Pulmonary Function Test)		72170 Pelvis		70491 # Soft Tissue Neck w/ cntr		15410 Retic Count	
700	# PFT Pre & Post (Pulmonary Function Test)		73521 Pelvis with Hip		72192 # Pelvis w/o cntr		30200 Basic Metabolic Panel	
	Medication and dosage _____		71100 Ribs Unilateral 2 views		72193 # Pelvis w/ cntr		30210 Hepatic Function Panel	
295	# Peak Flow		71101 Ribs Unilateral w PA CXR		72194 # Pelvis w/ & w/o cntr		35055 Lipid Panel	
110	# Hand-held Nebulizer		71111 Ribs Bilateral w PA CXR		70480 # Sella, Middle Ear, Orbit, Iac's		30625 Electrolyte Panel	
	Medication and dosage _____		73030 Shoulder/Routine		70486 # Sinuses		31255 Potassium	
1150	# MDI – Instruction		70220 Sinuses Paranasal/Routine		72128 # T Spine w/o cntr		30140 Amylase	
	Medication and dosage _____		70210 Sinuses Water		72129 # T Spine w/ cntr		30790 # Glucose, Fasting	
1060	# Suction Procedure		70260 Skull Complete		72130 # T Spine w/ & w/o cntr		30793 # Glucose Challenge Test (50g dose)	
			71120 Sternum		73200 # Upper Extremity w/o cntr		30810 # 3 Hour Glucose Tolerance	
			70330 Temporal Mandibular Joints		73201 # Upper Extremity w/ cntr		40112 Hemoglobin A, C	
			72070 Thoracic Spine		73202 # Upper Extremity w/ & w/o			
							<b>ULTRASOUND</b>	<b>Dx code</b>
					76819 # Biophysical Profile		30315 Bun	
					76641 # Breast Unltrl Complete		30510 Creatinine	
					76642 # Breast Unltrl Limited		21375 Prottime/INR	
74018	Abdomen–1 view/KUB		73590 Tibia & Fibula		76641 # Breast Biltrl Complete		21385 PTT	
74019	Abdomen–2 view Flat & upright		73660 Toe		76642 # Breast Biltrl Limited		31090 Lithium	
74022	Acute Abd 3vs series		73110 Wrist		73880 # Carotid		30343 Tegretol	
73610	Ankle 3 views		70110 Mandible		76882 # Nonvascular Limited		30592 Valproic Acid	
77080	# Bone Density		70160 Nasal Bones				41545 TSH	
73650	Calcaneus/Heel		76536 Neck-soft tissue				47060 T3 Uptake	
71045	Chest PA				76816 # OB Follow-up		47056 T4	
71046	Chest PA & Lat				76536 # Thyroid		61415 RA Factor	
73000	Clavicle				76700 # Abd comp. (liver/GB/Pancreas, aorta, kidneys, spleen, common bile duct)		60170 ANA	
72040	C Spine – 3 views						76549 Ova & Parasites	
72050	C Spine – 5 views Routine				76705 # Lmt Abd (RUQ or LUQ)		80410 C Difficile Toxin B	
72052	C Spine = / > 6 views w/ flexion extension				# Appendix		51010 Urinalysis	
					# Abdomen wall/groin		51265 Pregnancy, Urine	
73070	Elbow – 2 views *				76770 # Com Retroperitoneum (Kidneys, Bladder)		60843 Pregnancy, Serum, Qual.	
73080	Elbow w Obliques Routine		74176 # Abd. Pelvis w/o cntr		76770 # Com Retroperitoneum (kidneys, aorta, iliacs, IVC)		40845 Pregnancy, Serum, Quant.	
70150	Facial Bones		74177 # Abd. Pelvis w/ cntr				<b>ROUTINE CULTURE</b>	<b>Dx code</b>
73552	Femur		74178 # Abd. Pelvis w/ & w/o cntr				( ) Culture (Source _____)	
73140	Finger		74160 # Abd. w/ cntr		76775 # Lmt. Retroperi. Abd (Aorta or Kidney/bladder)		( ) Identification & Sensitivity if Indicated	
73630	Foot		74150 # Abd. w/o cntr					
73090	Forearm		74170 # Abd. w/ & w/o cntr		76706 # Screening AAA			
73130	Hand		72127 # C Spine w/ & w/o cntr		76805 # OB/ 1 <sup>st</sup> Trimester		<b>COMMENTS</b>	
73502	Hip		72126 # C Spine w/ cntr		76805 # U.S.-OB> = 14 wks gl/1 <sup>st</sup>			
73060	Humerus		72125 # C Spine w/o cntr		76817 # OB Endo Vaginal			
74400	IVP Routine		71260 # Chest w/ cntr		76856 # Pelvic Complete/ Endo Vaginal			
73560	Knee – 1 or 2 views		71250 # Chest w/o cntr					
73562	Knee – 3 views		71275 # CTA Chest w/ & w/o cntr (Pulmonary Embolus)		76830 # Non OB Endo Vaginal			
73564	Knee Complete (Trauma)				76870 # Testicular			



**MMH Physician's Orders for Diagnostics**



Place Patient Label  
Inside This Box

**TO ORDER MRI OR NUCLEAR MEDICINE TEST: COMPLETELY FILL IN TOP PART. CIRCLE THE TEST NUMBER AND INSERT ICD-10 CODE. FOR TEST WITH A “#” SIGN, PLEASE CALL FOR AN APPOINTMENT: IMAGING 1-866-415-2778**

NAME	SEX	AGE	DATE OF BIRTH	(REQUIRED) PRINT NAME OF PHYSICIAN	(REQUIRED) DATE
<b>AVOID DELAYS -SEND ORIGINAL ORDER WITH PATIENT AND FAX IMAGING ORDERS TO (910) 715-1177.</b>				(REQUIRED) PHYSICIAN'S SIGNATURE	PRECERT #/ AUTHORIZATION:

Appointment Date: \_\_\_\_\_ Time: \_\_\_\_\_ Day: \_\_\_\_\_ Comments: \_\_\_\_\_

Send Results to: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

MRI	Dx code	NUCLEAR MEDICINE	Dx Code
70549 # MRA Neck w/ & w/o cntr (carotid arteries)		78227 # Biliary Scan/CCK	
70543 # MR Nasopharynx w/ & w/o cntr		78226 # Biliary Scan (HIDA Scan)	
70544 # MRA Brain/Head (Circle of Willis)		78306 # Bone Scan Complete	
70551 # Brain w/o cntr		78300 # Bone Scan Limited	
70553 # Brain w/ & w/o cntr		78315 # Bone Scan 3 phase	
72141 # Cervical Spine w/o cntr		78215 # Liver Spleen Scan	
72146 # Thoracic Spine w/o cntr		78452 # Myocardial Perf Spect. (CARDIAC STRESS TEST)	
72148 # Lumbar Spine w/o cntr		<input type="checkbox"/> Treadmill <input type="checkbox"/> Pharmacological	
72156 # Cervical w/ & w/o cntr		78707 # Renal Scan	
72157 # Thoracic w/ & w/o cntr		78708 # Renal w Pharmago Logic	
72158 # Lumbar Spine w/ & w/o cntr		78472 # Rest Muga Cardiac Scan	
72195 # MR pelvis w/o cntr		78013 # Thyroid Scan	
72197 # MR pelvis w/ & w/o cntr - (If organ specify reason below for exam)			
<input type="checkbox"/> Mass <input type="checkbox"/> Prostate <input type="checkbox"/> Female Pelvis <input type="checkbox"/> Infection <input type="checkbox"/> Rectum			
74181 # MRCP Abdomen w/o cntr			
74183 # Abdomen w/ & w/o cntr <input type="checkbox"/> Liver <input type="checkbox"/> Spleen <input type="checkbox"/> Pancreas <input type="checkbox"/> Kidneys			
74185 # MRA Abd w/ & w/o cntr <input type="checkbox"/> AAA <input type="checkbox"/> Renal <input type="checkbox"/> Mesenteric Arteries-both			
73218 # Upper Extremity Non-Joint w/o cntr (Forearm, Humerus)			
72621 # Upper Extremity Non-Joint w/ & w/o cntr <b>Bilateral</b>			
73220 # Upper Extremity Non-Joint w/ & w/o cntr (Abscess, Osteomyelitis, Tumor)			
73219 # Upper Extremity Non-Joint w/ cntr (Forearm, Humerus)			
73221-50 # Upper Extremity Joint w/o cntr <b>Bilateral</b>			
73221 # Upper Extremity Joint w/o cntr (Wrist, Elbow or Shoulder)			
73223-50 # Upper Extremity Joint w/ & w/o cntr <b>Bilateral</b>			
73223 # Upper Extremity Joint w/ & w/o cntr			
73222 # Upper Extremity Joint w/ cntr (Wrist, Elbow or Shoulder)			
73718 # Lower Extremity Non-Joint w/o cntr (Femur, Leg)			
73720-50 # Lower Extremity Non-Joint w/ & w/o cntr <b>Bilateral</b>			
73720 # Lower Extremity Non-Joint w/ & w/o cntr (Abscess, Osteomyelitis, Tumor)			
73721-50 # Lower Extremity Joint w/o cntr <b>Bilateral</b>			
73721 # Lower Extremity Joint w/o cntr (Ankle, Knee)			
73723-50 # Lower Extremity Joint w/ & w/o cntr <b>Bilateral</b>			
73723 # Lower Extremity Joint w/ & w/o (Ankle, Knee)(Abscess, Osteomyelitis, Tumor)			
73718 # MR - FOOT (Heel to Mid Foot) <input type="checkbox"/> L <input type="checkbox"/> R			
73720 # MR - FOOT (Heel to Mid Foot) w/ & w/o cntr <input type="checkbox"/> L <input type="checkbox"/> R			
73718 # MR - FOOT (Mid Foot to Toe) <input type="checkbox"/> L <input type="checkbox"/> R			
73720 # MR - FOOT (Mid Foot to Toe) w/ & w/o cntr <input type="checkbox"/> L <input type="checkbox"/> R			

**Magnetic Resonance Imaging (MRI) MRI Instructions...**  
**Special Instructions for the patient scheduled for an MRI Test \*\***  
 \*\*If you have a pacemaker or aneurysm clip you CANNOT have an MRI  
 \*\*Please wear comfortable clothing and refrain from wearing jewelry or hairpins  
 \*\* Please arrive 15 minutes prior to your appointment time to register.

**Special Instructions to Ordering Physician: \*\***  
 All MRI Procedures ordered with contrast must have a Creatinine within the last 30 days if they meet any of the following criteria:  
 (Fax results to 910-572-2472 prior to patient's appointment)  
 - History of renal disease, diabetes, hypertension, liver transplant, or severe hepatic disease  
 - Over the age of 60



MMH Physician's Orders for Diagnostics

