FirstHealth
MOORE REGIONAL HOSPITAL
RICHMOND

15-7040.ORD.1556.04 Sunset Date: 3/2021

1POREF001

Place Patient Label
Inside This Box

Physician Orders Order for Diagnostics Diagnostic Imaging & CT Richmond Campus

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

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

☐ APPOINTMENT REQUESTED THROUGH SCHEDULING SYSTEM

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 **CNTR = CONTRAST**

	Radiology	CPT	DX CODE
☐	ABD ACUTE SERIES W/1VW CHEST	74022	
☐	ABDOMEN 2 Views	74019	
☐	ABDOMEN 1 View	74018	
☐	ANKLE 3 VIEW MINIMUM ☐R ☐L	73610	
☐	CERVICAL SPINE 2-3 VIEWS	72040	
☐	CERVICAL SPINE 4VWS OR 5VWS	72050	
☐	CHEST 2VWS	71046	
☐	CLAVICLE COMPLETE ☐R ☐L	73000	
☐	ELBOW COMPLETE 3VWS MIN ☐R ☐L	73080	
☐	FACIAL BONES 3 VIEWS MINIMUM	70150	
☐	FEMUR 2 VIEWS MINIMUM ☐R ☐L	73552	
☐	FINGER(S) 2 VIEWS MINIMUM ☐R ☐L	73140	
☐	FOOT 3 VIEWS MINIMUM ☐R ☐L	73630	
☐	FOREARM 2 VIEWS	73090	
☐	HAND 3 VIEWS MINIMUM	73130	
☐	HIP UNILAT w/Pelvis 2-3VWs	73502	
☐	HIP BIILAT w/Pelvis 2VWS	73521	
☐	HUMERUS 2 VIEWS MINIMUM ☐R ☐L	73060	
☐	KNEE 4 VIEWS OR MORE ☐R ☐L	73564	
☐	LUMBOSACRAL 2 OR 3 VWS	72100	
☐	LUMBOSACRAL SPINE 4VWS MINIMUM	72110	
☐	NASAL BONE 3 VIEWS MINIMUM	70160	
☐	PELVIS 1 OR 2 VIEWS	72170	
☐	RIBS BILATERAL 3 VW MIN	71110	
☐	RIBS BILATERAL W/PA CHEST 4 VW MIN	71111	
☐	RIBS UNILATERAL 2 VIEWS ☐R ☐L	71100	
☐	RIBS UNILT W/PA CHEST 3 VW MIN ☐R ☐L	71101	
☐	SHOULDER 2 VIEWS MINIMUM ☐R ☐L	73030	
☐	SINUSES PARANASAL>3 VIEWS	70220	
☐	SKULL < 4 VIEWS	70250	
☐	SKULL 4 VIEWS MINIMUM	70260	
☐	THORACIC SPINE 2 VIEWS	72070	
☐	TIBIA AND FIBULA 2 VIEWS ☐R ☐L	73590	
☐	TOE(S) 2 VIEWS MINIMUM ☐R ☐L	73660	
☐	WRIST COMPLT 3 VWS MINIMUM ☐R ☐L	73110	

	MAMMOGRAPHY	CPT	DX CODE
☐	UNILATERAL MAMMOGRAPHY (Screening)	7706752	
☐	UNILATERAL MAMMOGRAPHY (Diagnostic)	77065	
☐	BILATERAL MAMMOGRAPHY (Screening)	77067	
☐	BILATERAL MAMMOGRAPHY(Diagnostic)	77066	

	Fluoroscopy	CPT	DX CODE
☐	BARIUM ENEMA AIR CONTRAST	74280	
☐	BARIUM ENEMA W OR WO KUB	74270	
☐	ESOPHAGUS	74220	
☐	IVP W OR WO KUB	74400	
☐	SMALL BOWEL	74250	
☐	SPEECH MODIFIED BA SWALLOW	74230	
☐	UGI SERIES W/ CRYSTAL W/SMALL BOWEL	74245	
☐	UPPER GI SERIES W/KUB W/CRYSTAL	74241	
☐	URETHROCYSTOGRAM VOIDING	74455	
	OTHER	CPT	DX CODE
☐	BONE DENSITY DXA AXIAL SKELETON	77080	
	CT SCAN	CPT	DX CODE
☐	ABDOMEN AND PELVIS W/ CONTRAST	74177	
☐	ABDOMEN AND PELVIS WO CONTRAST	74176	
☐	ABDOMEN AND PELVIS WO/W CONTRAST	74178	
☐	ABDOMEN WITH CONTRAST	74160	
☐	ABDOMEN WO CONTRAST	74150	
☐	ABDOMEN WO/W CONTRAST	74170	
☐	CERVICAL SPINE WO CONTRAST	72125	
☐	CHEST/THORAX W/ CONTRAST	71260	
☐	CHEST/THORAX WO CONTRAST	71250	
☐	CHEST/THORAX WO/W CONTRAST	71270	
☐	CTA-CHEST W/CNTR INCLUDES WO CNTR	71275	
☐	HEAD OR BRAIN WO CONTRAST	70450	
☐	HEAD OR BRAIN WO/W CONTRAST	70470	
☐	LOWER EXTREMITY WO CONTRAST ☐R ☐L	73700	
☐	LUMBAR SPINE WO CONTRAST	72131	
☐	MAXILLOFACIAL AREA WO CONTRAST	70486	
☐	PELVIS WO CONTRAST	72192	
☐	PELVIS WO/W CONTRAST	72194	
☐	RENAL SCAN	74176	
☐	SOFT TISSUE NECK WO CONTRAST	70490	
☐	SOFT TISSUE NECK WO/W CONTRAST	70492	
☐	UPPER EXTREM WO CONTRAST ☐R ☐L	73200	

Comments:

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

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Physician Orders Order for Diagnostics Diagnostic Imaging & CT Richmond Campus

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)

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

❑ **If the patient is allergic to IV dye or Iodine, follow the 13 hour Pre-Med protocol.** **And** **The patient must have a BUN/Creatine within the last 24 hours.**	❑ **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 910-417-3380 prior to patient's appointment. **Request Creatinine order in comments if needed.**

CT Preps

Nothing to eat or drink after Midnight ❑ CTA ABDOMEN W/WO CNTR ❑ CTA ABD AORTA/BILAT ILIOFEM ❑ CTA CHEST W/CNTR ❑ CTA HEAD W/WO CNTR ❑ CTA NECK W/WO CNTR ❑ CTA PELVIS W/WO CNTR ❑ CHEST W/CNTR ❑ HEAD W/WO CNTR ❑ NECK SOFT TISSUE W CNTR ❑ ORBIT, SELLA, MIDDLE EAR W CNTR ❑ PULMONARY EMBOLUS ❑ SINUSES/FACIAL BONES W CNTR	**Nothing to eat or drink after midnight prior to procedure** **Pick up prep at the Hospital Radiology Department** ❑ ABD W/WO (KIDNEYS/LIVER/MASS) CNTR ❑ ABD W CNTR ❑ PELVIS W CNTR ❑ PELVIS W/WO CNTR ❑ ABD/PELVIS W CNTR ❑ ABD/PELVIS W/WO CNTR
	➢ **Nothing to eat or drink after midnight prior to procedure. If you are taking Aspirin, Coumadin, Plavix, or any blood thinners, discontinue 5 days prior to procedure** ➢ **Patient needs INR, PTT, and PT drawn within 48 hours prior to the procedure.** ❑ NEEDLE BX/ASP/DRAIN

FirstHealth Moore Regional Hospital – Richmond Area Map