

RICHMOND



Place Patient Label  
Inside This Box

**Physicians Order for Diagnostics Nuclear  
Medicine/Ultrasound Richmond Campus**  
Page 1 of 1

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**

NUCLEAR MEDICINE			ULTRASOUND		
	CPT	DX CODE		CPT	DX CODE
<input type="checkbox"/> BONE SCAN LIMITED AREA	78300		<input type="checkbox"/> ABD.LIMITED(GB,PANCREAS,LIVER)	76705	
<input type="checkbox"/> BONE SCAN TOTAL BODY	78306		<input type="checkbox"/> ABDOMEN COMPLETE	76700	
<input type="checkbox"/> BONE SCAN 3 PHASE	78315		<input type="checkbox"/> ABI LIMITED (1-2 LEVELS)	93922	
<input type="checkbox"/> CARDIOLITE/MYOVIEW STRESS TEST	78452		<input type="checkbox"/> AORTA	76775	
<input type="checkbox"/> PHARMACOLOGIC NUCLEAR STRESS TEST	78452		<input type="checkbox"/> BPP W/O NON STRESS TEST	76819	
<input type="checkbox"/> <input type="checkbox"/> LEXISCAN(ADENOSINE) <input type="checkbox"/> DOBUTAMINE			<input type="checkbox"/> BREAST UNILATERAL LIMITED <input type="checkbox"/> R <input type="checkbox"/> L	76642	
<input type="checkbox"/> BILIARY SCAN WITH CCK	78227		<input type="checkbox"/> BREAST UNILATERAL COMPLETE <input type="checkbox"/> R <input type="checkbox"/> L	76641	
<input type="checkbox"/> BILIARY SCAN	78226		<input type="checkbox"/> BREAST BILATERAL LIMITED	76642	
<input type="checkbox"/> GASTRIC EMPTYING	78264		<input type="checkbox"/> BREAST BILATERAL COMPLETE	76641	
<input type="checkbox"/> LUNG DIFFERENTIAL OMIT SCAN	78580		<input type="checkbox"/> CAROTID	93880	
<input type="checkbox"/> THYROID UPTAKE & SCAN	78013		<input type="checkbox"/> EXTREMITY NON-VASCULAR	76882	
ECHOCARDIOGRAPHY					
	CPT	DX CODE		CPT	DX CODE
<input type="checkbox"/> ECHOCARDIOGRAPHY	93306		<input type="checkbox"/> EXTREMITY VEN. DOPPLER BILATERAL	93970	
<input type="checkbox"/> TRANSESOPHAGEAL ECHO	93312		<input type="checkbox"/> EXTRMITY VEN. DOPPLER UNILAT <input type="checkbox"/> R <input type="checkbox"/> L	93971	
<input type="checkbox"/> STRESS ECHO W/TREADMILL	93550		<input type="checkbox"/> KIDNEYS AND BLADDER	76770	
<input type="checkbox"/> STRESS ECHO W/PHARMACOLOGIC	93550		<input type="checkbox"/> KIDNEYS ONLY RETRO LIMITED	76775	
OTHER					
	CPT	DX CODE		CPT	DX CODE
<input type="checkbox"/> STRESS TEST REGULAR (NON-NUCLEAR)	93017		<input type="checkbox"/> OB COMPLETE >14 WEEKS (TWIN)	76810	
			<input type="checkbox"/> OB COMPLETE >14 WEEKS	76805	
			<input type="checkbox"/> OB ENDOVAGINAL <12 WEEKS	76817	
			<input type="checkbox"/> OB FOLLOW-UP	76816	
			<input type="checkbox"/> OB LIMITED (AFI, PRESENTATION,FHR)	76815	
			<input type="checkbox"/> OB< 14 WEEKS	76801	
			<input type="checkbox"/> PELVIS (NON OB) TRANSVAGINAL	76830	
			<input type="checkbox"/> PELVIS (NON-OB) TRANSABDOMINAL	76856	
			<input type="checkbox"/> SCROTAL	76870	
			<input type="checkbox"/> THYROID	76536	

**Comments:**

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

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## **\*\*Special Instructions to Ordering Physician: Ultrasound Preps**

Nothing to eat or drink for 3 hours prior to the procedure. If you are taking Aspirin, Coumadin, Plavix, or any blood thinners discontinue use 5 days prior to procedure. If you are taking blood thinners, discuss discontinuing use with your physician. You will need a driver for these procedures.

- Paracentesis
- Thoracentesis
- Liver Biopsy

\*The following labs need to be drawn within 48 hours of the procedure

- INR
- PTT
- PT

Nothing to eat or drink for 6 hours prior to procedure

- ABD Complete
- ABD Limited
- Limited Aorta (AAA)
- ABD Dopplers

- Pelvic ultrasounds**

Please come with full bladder-drink 4-8oz cups of water 45 minutes prior to the procedure.

## **Nuclear Medicine Preps**

### **Stress Test Instructions**

- Please bring a list of medications
- NPO after midnight
- No caffeine 12 hours prior to test
- Do not take any medication the day of the test unless directed by your physician (unless directed by your physician)
- This test may take 2-4 hours to complete
- Please wear loose, comfortable clothing and tennis shoes.

If you have any questions, Please call (910) 417-3370

### FirstHealth Moore Regional Hospital – Richmond Area Map

