



Place Patient Label
Inside This Box

**Physicians Order for Diagnostics CT –
Moore Campus**
Page 1 of 1

7043.03.15536.13.moore Sunset Date: 3/2021

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

Appt. Preference (please check one): 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 CNTR = CONTRAST

CT		CPT	DX CODE	CT ANGIOGRAPHY (CTA)		CPT	DX CODE
<input type="checkbox"/>	CT- Head or Brain No Cntr	70450		<input type="checkbox"/>	CTA Hrt/Cronaries/Bypss Grft with Cntr	75574	
<input type="checkbox"/>	CT- Head or Brain w/wo Cntr	70470		<input type="checkbox"/>	CTA Head w/ wo Cntr	70496	
<input type="checkbox"/>	CT- Sinuses/Facial Bones No Cntr	70486		<input type="checkbox"/>	CTA Neck w/ wo Cntr	70498	
<input type="checkbox"/>	CT- Orbit,Sella,Middle Ear No Cntr	70480		<input type="checkbox"/>	CTA Abdomen w/ wo Cntr	74175	
<input type="checkbox"/>	CT- Orbit,Sella,Middle Ear w/ Cntr	70481		<input type="checkbox"/>	CTA Pelvis w/ wo Cntr	72191	
<input type="checkbox"/>	CT- Orbit,Sella,Middle Ear w/wo Cntr	70482		<input type="checkbox"/>	CTA Abd & Pelvis w/wo Contrast	74174	
<input type="checkbox"/>	CT- Neck Soft Tissue No Cntr	70490		<input type="checkbox"/>	AAA: (ENDOVASCULAR PROTOCOL)		
<input type="checkbox"/>	CT- Neck Soft Tissue w/ Cntr	70491		<input type="checkbox"/>	CTA Abd & Pelvis w/Cntr	74174	
<input type="checkbox"/>	CT- Chest/Thorax No Cntr	71250		<input type="checkbox"/>	AORTA & RUNOFF:		
<input type="checkbox"/>	CT- Chest/Thorax w/ Cntr	71260		<input type="checkbox"/>	CTA Abd Aorta/Bilat Iliofem w/wo Cntr	75635	
<input type="checkbox"/>	CT- Abd & Pelvis No Cntr <input type="checkbox"/> Oral	74176		<input type="checkbox"/>	DISSECTION: (includes both when checked)		
<input type="checkbox"/>	CT- Abd & Pelvis w/ Cntr <input type="checkbox"/> Oral	74177		<input type="checkbox"/>	CTA Chest w/ wo Cntr	71275	
<input type="checkbox"/>	CT- Abd & Pelvis w/ wo Cntr <input type="checkbox"/> Oral	74178		<input type="checkbox"/>	CTA Abdomen w/ wo Cntr	74175	
<input type="checkbox"/>	CT- Abd No Cntr <input type="checkbox"/> Oral	74150		<input type="checkbox"/>	PULMONARY EMBOLUS:		
<input type="checkbox"/>	CT- Pelvis No Cntr <input type="checkbox"/> Oral	72192		<input type="checkbox"/>	CTA Chest w/ wo Cntr	71275	
<input type="checkbox"/>	CT- Abd w/ Cntr <input type="checkbox"/> Oral	74160		<input type="checkbox"/>	TAVR PROTOCOL		
<input type="checkbox"/>	CT- Pelvis w/ Cntr <input type="checkbox"/> Oral	72193		<input type="checkbox"/>	CTA Chest w/ wo Cntr	71275	
<input type="checkbox"/>	CT- Abd w/ wo Cntr (Adrenal, Kidneys, Liver, Mass) <input type="checkbox"/> Oral	74170		<input type="checkbox"/>	CTA Abdomen/Pelvis w/ wo Cntr	74174	
<input type="checkbox"/>	CT- Pelvis w/ wo Cntr <input type="checkbox"/> Oral	72194		<input type="checkbox"/>	THORACIC ANEURYSM:		
<input type="checkbox"/>	CT- Cervical Spine No Cntr	72125		<input type="checkbox"/>	CTA Chest w/ wo Cntr	71275	
<input type="checkbox"/>	CT- Thoracic Spine No Cntr	72128		CT Procedures		CPT	DX CODE
<input type="checkbox"/>	CT- Lumbar Spine No Cntr	72131		<input type="checkbox"/>	CT- Needle <input type="checkbox"/> BX <input type="checkbox"/> ASP <input type="checkbox"/> Drain (specify):	77012	
<input type="checkbox"/>	CT- Upper Ext No Cntr <input type="checkbox"/> L <input type="checkbox"/> R	73200		<input type="checkbox"/>	CT- SI Joint Injection Unilateral <input type="checkbox"/> L <input type="checkbox"/> R	27096	
<input type="checkbox"/>	CT- Lwr Ext No Cntr <input type="checkbox"/> L <input type="checkbox"/> R	73700		<input type="checkbox"/>	CT- SI Joint Injection Bilateral	2709650	
<input type="checkbox"/>	CT- 3D w/Image PP on Wkstation	76377		CT ARTHOGRAM			
<input type="checkbox"/>	CT- Heart w/ CA Scoring	75571		<input type="checkbox"/>	CT- Hip w/Cntr <input type="checkbox"/> L <input type="checkbox"/> R	73701	
<input type="checkbox"/>	CT- Heart Strctr/Mrph/Functn w Cntr	75572			Also order: XR-Inject Proced	27093	
<input type="checkbox"/>	Screening Low Dose Lung Scan	71250		<input type="checkbox"/>	CT-Knee w/Cntr <input type="checkbox"/> L <input type="checkbox"/> R	73701	
<input type="checkbox"/>	KIDNEY STONE PROTOCOL:				Also order: XR-Inject Proced	27370	
<input type="checkbox"/>	CT- Abd Pelvis No Cntr	74176		<input type="checkbox"/>	CT- Shoulder w/ Cntr <input type="checkbox"/> L <input type="checkbox"/> R	73201	
					Also order: XR-Inject Proced	23350	
Last LMP:				CT MYELOGRAM			
UHCg Performed: <input type="checkbox"/> No <input type="checkbox"/> Yes Results:				<input type="checkbox"/>	Cervical w/contrast	72126	
Call Results to: _____ After Hours #: _____					Also Order: XR-Cervical Myelogram	62302	
Comments: _____				<input type="checkbox"/>	Lumbar w/contrast	72132	
					Also Order: XR-Lumbar Myelogram	62304	
				<input type="checkbox"/>	Thoracic w/contrast	72129	
					Also Order: XR-Thoracic Myelogram	62303	

Creatinine within the last 30 Days: Yes, Results: _____, also fax to (910)715-1177 No, Refer to policy on back of form

Appointment date/time _____ Spoke to patient Left message for patient No answer

****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.**

Please fax an H&P and Creatinine to 715-5169 for the following:

- Cardiomerge**
- CTA Coronaries** (If patient has heart rate > than 60, they will need Beta Blockers)
- Coronaries w/Cardiac Scoring** (If patient has heart rate > than 60, they will need Beta Blockers)

<p style="text-align: center;">Nothing to eat or drink for 2 hours prior to the procedure</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <ul style="list-style-type: none"> <input type="checkbox"/> AAA: (ENDOVASCULAR PROTOCOL) <input type="checkbox"/> CTA ABDOMEN W/WO CNTR <input type="checkbox"/> CTA ABD AORTA/BILAT ILIOFEM <input type="checkbox"/> CTA CHEST W/CNTR <input type="checkbox"/> CTA HEAD W/WO CNTR <input type="checkbox"/> CTA NECK W/WO CNTR <input type="checkbox"/> CTA PELVIS W/WO CNTR <input type="checkbox"/> CHEST W/CNTR </div> <div style="width: 48%;"> <ul style="list-style-type: none"> <input type="checkbox"/> DISSECTION <input type="checkbox"/> HEAD W/WO CNTR <input type="checkbox"/> NECK SOFT TISSUE W CNTR <input type="checkbox"/> ORBIT, SELLA, MIDDLE EAR W CNTR <input type="checkbox"/> PULMONARY EMBOLUS <input type="checkbox"/> SINUSES/FACIAL BONES W CNTR </div> </div>	<p style="text-align: center;">Nothing to eat or drink for 4 hours prior to procedure Pick up prep if needed at the Hospital CT Department.</p> <ul style="list-style-type: none"> <input type="checkbox"/> ABD NO CNTR <input type="checkbox"/> ABD W/WO (KIDNEYS/LIVER/MASS) CNTR <input type="checkbox"/> ABD W CNTR <input type="checkbox"/> PELVIS NO CNTR <input type="checkbox"/> PELVIS W CNTR <input type="checkbox"/> PELVIS W/WO CNTR <input type="checkbox"/> ABD/PELVIS WO CNTR <input type="checkbox"/> ABD/PELVIS W CNTR <input type="checkbox"/> ABD/PELVIS W/WO CNTR
<p>No caffeine the day before and the day of the procedure Nothing to eat or drink (except water) for 4 hours prior to procedure Patient may take medication the day of the procedure with water</p> <ul style="list-style-type: none"> <input type="checkbox"/> CTA CORONARIES W CARDIAC SCORING <input type="checkbox"/> CTA CORONARIES <input type="checkbox"/> STRUC/MORPH WO SCORE (CARDIOMERGE) 	<p style="text-align: center;">Nothing to eat or drink for 6 hours prior to procedure.</p> <p style="text-align: center;">If you are taking Aspirin, Coumadin, Plavix or any blood thinner discontinue 5 days prior to procedure</p> <ul style="list-style-type: none"> <input type="checkbox"/> NEEDLE BX/ASP/DRAIN
<p>No caffeine 12 hours prior to the procedure</p> <ul style="list-style-type: none"> <input type="checkbox"/> CARDIAC SCORING (If patient has had open heart surgery, procedure cannot be performed) 	

Please check designated parking area for patients:

- 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.

