



Place Patient Label
Inside This Box

Physicians Order for Diagnostics CT –
Lee Campus
Page 1 of 1

7043.03.15536.00.lee Sunset Date: 8/2022

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"/>	Head or Brain No Cntr	70450		<input type="checkbox"/>	CTA Head w/ wo Cntr	70496	
<input type="checkbox"/>	Head or Brain w/wo Cntr	70470		<input type="checkbox"/>	CTA Neck w/ wo Cntr	70498	
<input type="checkbox"/>	Sinuses/Facial Bones No Cntr	70486		<input type="checkbox"/>	CTA Abdomen w/ wo Cntr	74175	
<input type="checkbox"/>	Orbit,Sella,Middle Ear No Cntr	70480		<input type="checkbox"/>	CTA Pelvis w/ wo Cntr	72191	
<input type="checkbox"/>	Orbit,Sella,Middle Ear w/ Cntr	70481		<input type="checkbox"/>	CTA Abd & Pelvis w/wo Contrast	74174	
<input type="checkbox"/>	Neck Soft Tissue No Cntr	70490		<input type="checkbox"/>	AAA: (ENDOVASCULAR PROTOCOL)		
<input type="checkbox"/>	Neck Soft Tissue w/ Cntr	70491		<input type="checkbox"/>	CTA Abd & Pelvis w/ wo Cntr	74174	
<input type="checkbox"/>	Chest/Thorax No Cntr	71250		<input type="checkbox"/>	AORTA & RUNOFF:		
<input type="checkbox"/>	Chest/Thorax w/ Cntr	71260		<input type="checkbox"/>	CTA Abd Aorta/Bilat Iliofem w/wo Cntr	75635	
<input type="checkbox"/>	Abd & Pelvis No Cntr <input type="checkbox"/> Oral	74176		<input type="checkbox"/>	DISSECTION: (includes both when checked)		
<input type="checkbox"/>	Abd & Pelvis w/ Cntr <input type="checkbox"/> Oral	74177		<input type="checkbox"/>	CTA Chest w/ wo Cntr	71275	
<input type="checkbox"/>	Abd & Pelvis w/ wo Cntr <input type="checkbox"/> Oral	74178		<input type="checkbox"/>	CTA Abdomen w/ wo Cntr	74175	
<input type="checkbox"/>	Abd No Cntr <input type="checkbox"/> Oral	74150		<input type="checkbox"/>	PULMONARY EMBOLUS:		
<input type="checkbox"/>	Pelvis No Cntr <input type="checkbox"/> Oral	72192		<input type="checkbox"/>	CTA Chest w/ wo Cntr	71275	
<input type="checkbox"/>	Abd w/ Cntr <input type="checkbox"/> Oral	74160		<input type="checkbox"/>	THORACIC ANEURYSM:		
<input type="checkbox"/>	Pelvis w/ Cntr <input type="checkbox"/> Oral	72193		<input type="checkbox"/>	CTA Chest w/ wo Cntr	71275	
<input type="checkbox"/>	Abd w/ wo Cntr (Adrenal, Kidneys, Liver, Mass) <input type="checkbox"/> Oral	74170					
<input type="checkbox"/>	Cervical Spine No Cntr	72125					
<input type="checkbox"/>	Thoracic Spine No Cntr	72128					
<input type="checkbox"/>	Lumbar Spine No Cntr	72131					
<input type="checkbox"/>	Upper Ext No Cntr Specify: <input type="checkbox"/> L <input type="checkbox"/> R	73200					
<input type="checkbox"/>	Lwr Ext No Cntr Specify: <input type="checkbox"/> L <input type="checkbox"/> R	73700					
<input type="checkbox"/>	3D w/Image PP on Wkstation	76377					
<input type="checkbox"/>	Screening Low Dose Lung Scan	71250					
<input type="checkbox"/>	KIDNEY STONE PROTOCOL:						
<input type="checkbox"/>	Abd Pelvis No Cntr	74176					

Last LMP:
UHCG Performed: No Yes **Results:** _____
 Call Results to: _____ After Hours #: _____

Comments: _____

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.**

<p style="text-align: center;">Nothing to eat or drink for 2 hours prior to the exam</p> <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 <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 	<p style="text-align: center;">Nothing to eat or drink for 4 hours prior to exam 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
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FirstHealth Lee Medical Office Building Area Map

To Access Beechtree Drive from US-1, you must take the 15-501 exit #71 towards Pittsboro.
Beechtree Drive will be on your left once you go through the traffic circle.