



**Patient Information – FRONT (Page 1 of 2)**

**Patient Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Sex:**  M  F **SS#:** XXX-XX-\_\_\_\_\_

**Home Phone #:** \_\_\_\_\_ **Mobile Phone #:** \_\_\_\_\_

**Insurance:** \_\_\_\_\_ **Policy #:** \_\_\_\_\_

**Are we ruling out a specific diagnosis (specify):** \_\_\_\_\_

**ICD - SYMPTOMS / DIAGNOSIS:** \_\_\_\_\_

**Appointment Date/Time:** \_\_\_\_\_

**SPECIAL REQUEST (Please check all that apply)**

- STAT call report #: \_\_\_\_\_  Send films with patient  
 FAX # (if different than AutoFAX #): \_\_\_\_\_  CD images

- Call patient to schedule  
 Patient will call  
 Patient already scheduled

Should DeKalb Medical pre-cert this procedure on behalf of the physician?  
 Yes  No

Pre-cert # (if necessary): \_\_\_\_\_

**Cat Scan (CT)**

**Head / Face / Neck**

- CT Head  W/O (70450)  W & W/O (70470)  
 CTA Head (70496)  CT Sinus w/o (70486)  
 Maxillofacial w/o (70486)  Temporal (70480)  
 Soft tissue neck with (70491)  CTA Neck (70498)

**CT Chest:**

- Chest  with (71260)  Without (71250)  
 PE Protocol (71275)  
 Hi Resolution Chest w/o (71250)  
 Low Dose Lung  Cardiac/Calcium Scoring (75571)

**CT Abdomen / Pelvis:**

- Abdomen  With (74160)  Without (74150)  
 Abdomen & Pelvis  with (74177)  Without (74176)  
 Pelvis  With (72193)  Without (72192)  
 CTA Abdomen and Pelvis with (74174)

**Abdomen / Pelvis Protocols:**

- Renal Stone Protocol (71476)  
 Pancreatic Protocol (74170)  
 Renal MASS Protocol (74170, 72193)  
 3 Phase Liver (74170)  
 Hematuria (74178)  
 CT Enteroclysis (74177)  
 AAA Protocol – Abdomen/Pelvis with (74174)  
 Dissection (Chest/Abd/Pelvis) (71275/74174)

**CT Spine / Extremity**

- Cervical w/o (72125)  Thoracic w/o (72128)  
 Lumbar w/o (72131)  
 Lower Extremity w (73701)  Lower extremity w/o (73700)  
 Upper Extremity w/  Upper Extremity w/o

Specify body part: \_\_\_\_\_

- LEFT  RIGHT

**MRI**

**Brain / Neck / Orbit**

- Brain  W/O (70551)  W & W/O (70553)  
 Orbit / Face / Neck  W/O (70540)  W & W/O (70543)  
 MRA/MRV Brain (70544)  MRA Neck W & W/O (70549)  
 IAC (70553)  Pituitary (70553)

**Spine**

- Cervical spine  W/O (72141)  W & W/O (72156)  
 Thoracic spine  W/O (72146)  W & W/O (72157)  
 Lumbar Spine  W/O (72148)  W & W/O (72158)

**Breast**

- Breast Bilateral with and without (77059)  
 Breast Biopsy (19085): \_\_\_\_\_

**Abdomen/Pelvis:**

- Abdomen  WO (74181)  W & W/O (74183)  
 Pelvis  W/O (72195)  W & W/O (72197)  
 Prostate (72197)  
 MRCP (74181)  Enterography (74183,72197)

**Upper Extremity JOINT:**

- LEFT  RIGHT  Without (73221)  W & W/O (73223)  
 Shoulder  Elbow  Wrist

**Upper Extremity NON- JOINT-**

- LEFT  RIGHT  Without (73218)  W & W/O (73220)  
 Humerus  Forearm  Hand

**Lower Extremity JOINT:**

- LEFT  RIGHT  Without (73721)  W & W/O (73723)  
 Hip  Knee  Ankle

**Lower Extremity NON- JOINT-**

- LEFT  RIGHT  Without (73718)  W & W/O (73720)  
 Femur  Tib-Fib  Foot

OTHER: \_\_\_\_\_ CPT: \_\_\_\_\_

**Ultrasound**

- Abdomen(76700)  Abdominal wall mass (76705)  Renal (76705)  Prostate (76872)  
 Sonohysterogram (76831)  Aorta (76770)  Pelvic (76856)  Pelvic with transvaginal (76856/76830)  
 Thyroid (76536)  Cervical lymph node  Testicles (76870)  
 BPP (76819)  OB follow-up (76816)  OB >14 weeks (76805)  OB < 14weeks (76801)  
 OB with endovaginal <14 weeks (76817,76801)  OB follow-up with endovaginal (76817,76816)

**Extremity: Non vascular:** \_\_\_\_\_ **Other:** \_\_\_\_\_ **CPT:** \_\_\_\_\_

**Physician Name (first & last):** \_\_\_\_\_ **NPI#:** \_\_\_\_\_ **GA License #:** \_\_\_\_\_

**Physician Address:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_ **Fax #:** \_\_\_\_\_

I hereby certify that the services indicated in the above order form are medically necessary.

**Physician Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_



**Patient Information – BACK PAGE 2**

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**Insurance:** \_\_\_\_\_ **Policy #:** \_\_\_\_\_

- Call patient to schedule
- Patient will call
- Patient already

**Are we ruling out a specific diagnosis (specify):** \_\_\_\_\_

**ICD - \_\_\_\_\_ SYMPTOMS / DIAGNOSIS:** \_\_\_\_\_

**Appointment Date/Time:** \_\_\_\_\_

Should DeKalb Medical pre-cert this procedure on behalf of the physician?  
 Yes  No

**Pre-cert # (If necessary):**  
\_\_\_\_\_

**SPECIAL REQUEST (Please check all that apply)**

- STAT call report #: \_\_\_\_\_
- FAX # (if different than AutoFAX #): \_\_\_\_\_
- Send films with patient
- CD images

**Interventional Radiology (please attach lab specimen sheet)**

- Thoracentesis (32555)
- Paracentesis (49083)
- Port Placement (36561)
- Port Removal (36590)
- Thyroid FNA (10022,76942)
- Ash Cath Place (36581)

**CT Guided Biopsy (77012 - CT Guidance)**

- LUNG biopsy (32405)
- LIVER biopsy (47000)
- RENAL biopsy (50200)
- PANCREATIC (48102)
- BONE MARROW (38221)
- Other Biopsy: \_\_\_\_\_
- Drainage: \_\_\_\_\_

**US Guided Biopsy (76942 – US Guidance)**

- LIVER biopsy (47000)
- Other: \_\_\_\_\_

- UFE (37243): \_\_\_\_\_
- Vertebroplasty Cervicothoracic (22510)
- Vertebroplasty Lumbosacral (22511)
- Kyphoplasty Thoracic (22513)
- Kyphoplasty Lumbar (22514)
- Radiologist Consult (99211) \_\_\_\_\_
- Other: \_\_\_\_\_

**Routine X-Ray**

- Chest, PA and lateral (71020)
- Flat abdomen (KUB) (74020)
- Acute abdominal series (74022)
- Cervical spine 4 view (72050)
- Thoracic spine (72072)
- Lumbar spine 2-3 view(72100)
- Bone survey (multiple myeloma or mets) (77075)
- Ribs (71100)  Left  Right
- Extremity (please specify): \_\_\_\_\_  Left  Right
- Other: (CPT Codes Required) \_\_\_\_\_

**Fluoro**

- Barium swallow (74220)
- Upper GI (74240)
- Small bowel series (74250)
- Barium Enema (74270)
- Barium enema – air contrast (74280)
- Barium Enema (74270)
- Hysterosalpingogram (74740/58340)
- Lumbar Puncture (62270)
- Myelogram Cervical (62302)
- Myelogram Lumbar (62304)
- Cystogram (74430)
- Cystogram (Voiding) (74455)
- Retrograde Urethrogram (51610)
- Arthrogram (specify site/CPT): \_\_\_\_\_
- Other: \_\_\_\_\_

**PET/CPT :** \_\_\_\_\_

**Mammography/Breast Ultrasound**

- Screening mammogram (77057)
- Diagnostic mammogram**
- Bilateral (77056)  Unilateral (77055)  R  L
- Breast ultrasound**
- Bilateral  Unilateral (76641)  R  L
- Biopsy**
- Stereotactic Biopsy (19081)  US Guided Biopsy (19083)
- Breast Localization (mammo) (19281)
- Other: \_\_\_\_\_
- CPT:** \_\_\_\_\_
- Bone Density (For osteoporosis)**
- DEXA Axial Skeleton (77085)  Heel Scan
- Vertebral Assessment (VFA) (77086)

**Heart and Vascular**

- EKG (93000)  Rhythm Strip (93041)  Stress Test (93017)
- Holter Monitor (93225)  Echocardiogram (93306)
- Upper Extremity Venous Doppler:  Left  Right
- Upper Extremity Venous Doppler – Bilateral
- Venous blood flow  Upper  Lower
- Carotid blood flow  Upper  Lower  Carotid (93880)
- Other: \_\_\_\_\_ **CPT:** \_\_\_\_\_

**Nuclear Medicine**

- Bone Scan:  Whole Body (78306)
- 3 phase (78315)  4 Phase (78300/78315)
- Thyroid uptake and scan I-123 (78014)
- Whole Body I – 131 (78018)
- Thyroid Therapy I- 131 (79005)
- Parathyroid (78070)
- Dual isotope heart scan (78452)
- VQ-Lung (78582)  Chest X-ray for VQ (71020)
- Gastric Emptying (78264)
- GI Bleed (78278)
- Renal: **With** Lasix (78708,78709)
- Renal **Without** Lasix (78707)
- Hida Scan(78226)  Hida with CCK(78227)
- Octreoscan (78804)
- MUGA Single – (78472)  MUGA multi (78473)
- Breast Lympho pre surgery (78808)
- Other: \_\_\_\_\_

**Referring Physician Information**

**Physician Name (first & last):** \_\_\_\_\_ **NPI#:** \_\_\_\_\_ **GA License #:** \_\_\_\_\_

**Physician Address:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_ **Fax #:** \_\_\_\_\_

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