

**Outpatient Imaging Order**  
**General Radiology, Fluoroscopy & Bone Densitometry Procedures**  
 Scheduling phone numbers are listed on reverse side.

<b>Patient Information</b>		<b>Physician Information</b>	
Last Name _____	First _____	Mi _____	
Date of Birth _____	Phone _____		
Additional reports to: <input type="checkbox"/> Fax <input type="checkbox"/> STAT/Wet Read			
<input type="checkbox"/> Phone			
Signs/Symptoms: _____		ICD-9	
		Pre-Cert or	
Physician's Signature: _____		Date: ____/____/____	
		Referral #	
<b>To be completed by physicians for procedures requiring iodinated IV contrast</b>			
<b>* IVP Procedures</b>			
Please check if the patient has any of the following:			
<input type="checkbox"/> Patient over 70 years of age	<input type="checkbox"/> History of collagen vascular disease	<input type="checkbox"/> History of myeloma	
<input type="checkbox"/> History of kidney disease, kidney transplant or tumor	such as rheumatoid arthritis, lupus	<input type="checkbox"/> History of congestive heart failure	
<input type="checkbox"/> Family history of kidney failure	cleroderma or polyarteritis nodosa	<input type="checkbox"/> Currently taking a metformin drug	
<input type="checkbox"/> Diabetes treated with insulin or other medications	<input type="checkbox"/> Taking anti-inflammatory drugs on a regular basis	<input type="checkbox"/> History of sickle cell disease	
	<input type="checkbox"/> Taking nephrotoxic drugs		
<b>Serum creatinine level required within 90 days if any of the above conditions exist.</b>			
Serum creatinine level _____		Date of lab results _____	
<input type="checkbox"/> Allergies to iodinated contrast - If yes, a steroid prep is required.			
Nasal Bones Complete <input type="checkbox"/> 70160	Orbits (foreign body) <input type="checkbox"/> 70030	Orbits Complete <input type="checkbox"/> 70200	Sinuses Complete <input type="checkbox"/> 70220
Neck Soft Tissue <input type="checkbox"/> 70360	<b>Chest and Abdomen</b>		
Abdomen Survey (KUB) <input type="checkbox"/> 74000	Chest - Single View <input type="checkbox"/> 71010	Chest Two Views - Pa & Lateral <input type="checkbox"/> 71020	Chest Multiview <input type="checkbox"/> 71030
Ribs Unilateral <input type="checkbox"/> 71100	Ribs Unilateral with Pa Chest <input type="checkbox"/> 71101	Ribs Bilateral <input type="checkbox"/> 71110	Sternum <input type="checkbox"/> 71120
Obstruction Series (Chest & Abd) <input type="checkbox"/> 74022			
<b>Spine and Pelvis</b>		<b>Other</b>	
Spine Survey Entire Ap & Lateral <input type="checkbox"/> 72010	Cervical Spine 2 or 3 Views <input type="checkbox"/> 72040	Cervical Spine Min 4 Views <input type="checkbox"/> 72050	Cervical Spine Complete incl Oblique & Flex and/or Ext <input type="checkbox"/> 72052
Thoracic Spine 3 Views <input type="checkbox"/> 72072	Lumbar Spine (minimum 4 views) <input type="checkbox"/> 72110	Lumbar Spine Flex & Ex <input type="checkbox"/> 72114	Pelvis 1 View Ap Only <input type="checkbox"/> 72170
Pelvis Complete (minimum 3 views) <input type="checkbox"/> 72190	Sacrum & Coccyx <input type="checkbox"/> 72220	Scoliosis Study <input type="checkbox"/> 72069	
<b>Upper Extremities</b>		<b>Bone Survey</b>	
Clavicle R L <input type="checkbox"/> 73000	Scapula R L <input type="checkbox"/> 73010	Shoulder Complete R L <input type="checkbox"/> 73030	Humerus R L <input type="checkbox"/> 73060
Elbow Complete R L <input type="checkbox"/> 73080	Forearm R L <input type="checkbox"/> 73090	Wrist Complete R L <input type="checkbox"/> 73110	Wrist Ap & Lateral Only R L <input type="checkbox"/> 73100
		<b>General Radiology Diagnostics with Contrast</b>	
		Barium Swallow/Esophagus <input type="checkbox"/> 74220	
		Video Swallow (speech) <input type="checkbox"/> 74230	
		Upper GI with Air Contrast <input type="checkbox"/> 74246	
		Upper GI Single Contrast <input type="checkbox"/> 74240	
		Upper GI with Small Bowel <input type="checkbox"/> 74249	
		Small Bowel Series <input type="checkbox"/> 74250	
		Barium Enema with Air Contrast <input type="checkbox"/> 74280	
		Barium Enema Single Contrast <input type="checkbox"/> 74270	
		<b>*IVP with Tomos</b> <input type="checkbox"/> 74415	
		Voiding Cystourethrogram (VCUG) <input type="checkbox"/> 74455	
		Hysterosalpingography with contrast <input type="checkbox"/> 74740	
		Arthrogram	
		Site: _____	
		OTHER: _____	
		<b>Bone Densitometry (DEXA)</b>	
		Bone Densitometry <input type="checkbox"/> 77080	
		Vertebral Fracture Assessment <input type="checkbox"/> 77082	