

- ROUTINE** **REQUIRED**
- STAT CALL REPORT #** _____
- STAT CALL REPORT--PATIENT TO WAIT #** _____

To **schedule** an appt. call 336-328-3333 option #7
M - Th 7:30am - 6:00pm Friday 7:30AM-5:00PM

For **Pre-Registration** call 336-328-3733
 Monday - Friday, 8:00AM - 6:00PM

Pt. Name : Last First Middle Pt. Phone #: _____	Pt. D.O.B. _____ Precert / Authorization # _____ Expires on: _____	Practitioner Signature _____ Pt. Sex: _____ M or F	Date _____ Time _____	Print Name of Practitioner _____
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BOTH Required

Reason for Exam: _____

ICD 10 Code _____

Biopsies require nothing to eat or drink (NPO) 6 hrs prior to appointment time. **Reviewed with patient.**

List allergies: _____

List Diabetic meds: _____ **Bun/Creatinine Date Drawn:** _____

⌘ Please notify ordering practitioner if patient is allergic to IVP Dye or X-Ray Contrast.

Results: _____

⌘ All Angiography exams must have IV Contrast. ⌘ All patients 65 years and older or diabetics must have a current creatinine.

Unless checked, all orders authorize a BUN/Creatinine test, contrast, and a pregnancy test if medically indicated.

✓ Exam	CPT(s)	✓ Exam	CPT(s)	✓ Exam	CPT(s)
CT ROUTINE EXAMS		CT ANGIOGRAPHY EXAMS		CT SPINES	
ABDOMEN/ PELVIS W contrast	74177	ANGIO HEAD	70496	CERVICAL SPINE W/O contrast	72125
ABDOMEN WO contrast	74150	ANGIO NECK	70498	CERVICAL SPINE W/ contrast	72126
ABDOMEN W/contrast	74160	ANGIO CHEST (PULMONARY EMBOLISM)	71275	T SPINE W/O contrast	72128
ABDOMEN WO/W contrast	74170			T SPINE W/ contrast	72129
ABDOMEN (LIVER)	74170	ANGIO CHEST	71275	L SPINE W/O contrast	72131
ABDOMEN (PANCREATIC PROTOCOL)	74170	ANGIO ABDOMEN W/ contrast	74175	L SPINE W/ contrast	72132
		ANGIO PELVIS	72191	CT BIOPSY (Reminder NPO)	
ABDOMEN/PELVIS (PANCREATITIS)	74177	ANGIO RUNOFF (BILAT LOWER EXTREMITIES)	75635	BIOPSY LUNG	32405 / 77012
ABDOMEN/PELVIS W/O contrast	74176			BIOPSY LIVER	47000 / 77012
ABDOMEN/PELVIS WO/W contrast	74178	ANGIO ABD/PELVIS	74174	BIOPSY RENAL	50200 / 77012
ENTEROGRAPHY	74177	ANGIO EXTREM UP-L	73206	BIOPSY PANCREAS	48108 / 77012
Urogram W/O contrast (Stone Study)	74176	ANGIO EXTREM UP-R	73206	BIOPSY RETRO ABDOMEN	49180 / 77012
PELVIS W/O contrast	72192	ANGIO EXTREM LOW-L	73706	BIOPSY LYMPHNODES	38505 / 77012
PELVIS W/ contrast	72193	ANGIO EXTREM LOW-R	73706	BIOPSY BONE DEEP	20225 / 77012
PELVIS WO/W contrast	72194	CT EXTREMITY (SPECIFY AREA OF INTEREST)		BIOPSY BONE SUPERFICIAL (EX. ILIUM, STERNUM, RIB)	20240 / 77012
CHEST W/O contrast	71250	EXTREM UP W/O contrast-L	73200	DRAIN (SPECIFY AREA OF INTEREST)	10140 / 77012
CHEST W/ contrast	71260	EXTREM UP W/O contrast-R	73200		
BRAIN W/O contrast	70450	EXTREM UP W/contrast-L	73201	ASPIRATION (SPECIFY AREA OF INTEREST)	10160 / 77012
BRAIN WO/W contrast	70470	EXTREM UP W/ contrast-R	73201		
ORBIT/TEMPORAL W/O contrast	70480	EXTREM LOW W/O contrast-L	73700		
ORBIT/TEMPORAL W/ contrast	70481	EXTREM LOW W/O contrast-R	73700		
ORBIT/TEMPORAL WO/W contrast	70482	EXTREM LOW W/ contrast-L	73701		
MAXILLOFACIAL W/O contrast	70486	EXTREM LOW W/ contrast-R	73701		
MAXILLOFACIAL W/contrast	70487				
SINUS W/O contrast (Full Sinus)	70486				
SINUS LIMITED	76380				
NECK W contrast	70491				
NECK W/O contrast	70490				
CT Limited Followup	76380				

W = with W/O = without



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REVIEWED 02/21/2017

CT Scan Order Form

