

USE BALL POINT PEN ONLY

**FLUOROSCOPY STUDIES Order Form**

Fax or Schedule see below

\* Please arrive @ \_\_\_\_\_ for Registration

Your appt. date is: \_\_\_\_\_

Your appt. time is: \_\_\_\_\_

Diagnostic Imaging Hours:

Monday - Friday. 7:30am - 5:00pm

ROUTINE

➤ REQUIRED

STAT CALL REPORT # \_\_\_\_\_

STAT CALL REPORT-- PATIENT TO WAIT # \_\_\_\_\_

Bun/Creatinine Date Drawn: \_\_\_\_\_

Results: \_\_\_\_\_

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

▶ Patient Name : Last First Middle	▶ Pt. D.O.B.	▶ Practitioner Signature	▶ Date: _____
Pt. Phone #: _____	Pt. Sex M or F	▶ Print Name of Practitioner	▶ Time: _____

**BOTH Required**

➤ Reason for Exam: \_\_\_\_\_

➤ ICD 10 Code: \_\_\_\_\_

To schedule an appointment, please call 336-328-3333  
 option #7 M-Th 7:30am-6:00pm, Friday 7:30am-5pm  
 FAX 336-328-4415

<input type="checkbox"/> Exam	CPT	<input type="checkbox"/> Exam	CPT
Bone Densitometry	77080	<b>ARTHROGRAMS</b>	
BARIUM SWALLOW Esophagram ← NPO AFTER MIDNIGHT	74220	ANKLE <input type="checkbox"/> R <input type="checkbox"/> L	73615/27648
MODIFIED BARIUM SWALLOW with speech	74230	ELBOW <input type="checkbox"/> R <input type="checkbox"/> L	73085/24220

**FOLLOW PREP INSTRUCTIONS**

BE SINGLE CONTRAST (Barium Enema)	74270
BE with AIR HIGH DENSITY	74280
BE with GASTROGRAFIN	74270
BE THRU COLOSTOMY	74270

HIP <input type="checkbox"/> R <input type="checkbox"/> L	73525/27093
KNEE <input type="checkbox"/> R <input type="checkbox"/> L	73580/27370
SHOULDER <input type="checkbox"/> R <input type="checkbox"/> L	73040/23350
WRIST <input type="checkbox"/> R <input type="checkbox"/> L	73115/25246

**NPO AFTER MIDNIGHT**

SMALL BOWEL	74250
UGI WITH KUB	74241
UGI WITH SMALL BOWEL	74245
UGI WITH SMALL BOWEL HIGH DENSITY WITHOUT KUB	74249
UGI WITH KUB INFANT	74241
UGI WITH SMALL BOWEL INFANT	74245
HYSTEOSALPINGOGRAM W/INJ DAY 7-10 FROM THE FIRST DAY OF THEIR CYCLE	74740/58340
RETROGRADE URETHROGRAM	74455/51600
VOIDING CYSTOURETHROGRAM WITH INJECTION	74455/51600
LUMBAR PUNCTURE DIAGNOSTIC	62270
EPIDURAL BLOOD PATCH	62273
Chest Fluro	71023

**MYELOGRAMS - NPO 3 HOURS PRIOR**

MYELOGRAM CERVICAL	72240/62284
MYELOGRAM CERVICAL-LUMBAR	72270/62284
MYELOGRAM CERVICAL-THORACIC	72270/62284
MYELOGRAM CERVICAL-THORACIC-LUMBAR	72270/62284
MYELOGRAM LUMBAR	72265/62284
MYELOGRAM THORACIC	72255/62284
MYELOGRAM THORACIC-LUMBAR	72270/62284



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Revised 06-12-2026  
**Fluoroscopy Order Form**