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: _____ ▶ Time: |
|---|---|---|---|
| Pt. Phone #: | Pt. Sex M or F | ▶ Print Name of Practitioner | |

**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

| ☐ | Exam | CPT |
|---|---|---|
| | Bone Densitometry | 77080 |
| | BARIUM SWALLOW Esophagram ← **NPO AFTER MIDNIGHT** | 74220 |
| | MODIFIED BARIUM SWALLOW with speech | 74230 |

**FOLLOW PREP INSTRUCTIONS**

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

**NPO AFTER MIDNIGHT**

| | | |
|---|---|---|
| | SMALL BOWEL | 74250 |
| | UGI WITH KUB | 74241 |
| | UGI WITH SMALL BOWEL | 74245 |
| | UGI WITH SMALL BOWEL HIGH DENISITY WITHOUT KUB | 74249 |
| | UGI WITH KUB INFANT | 74241 |
| | UGI WITH SMALL BOWEL INFANT | 74245 |
| | HYSTEROSALPINGOGRAM W/INJ<br>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 Fluoro | 71023 |

| ☐ | Exam | CPT |
|---|---|---|
| | **ARTHROGRAMS** | |
| | ANKLE ☐R ☐L | 73615/27648 |
| | ELBOW ☐R ☐L | 73085/24220 |
| | HIP ☐R ☐L | 73525/27093 |
| | KNEE ☐R ☐L | 73580/27370 |
| | SHOULDER ☐R ☐L | 73040/23350 |
| | WRIST ☐R ☐L | 73115/25246 |

**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 |