USE BALL POINT PEN ONLY

CT SCAN ORDER FORM

* Please arrive @_____ for Registration
Your appt. date is: _____
Your appt. time is: _____

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

REQUIRED

*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. D.O.B.	➢ Practitioner Signature	➢ Date
			➢ Time
Pt. Phone #:	➢ **Precert** / Authorization # Expires on:	Pt. Sex: M or F	➢ **Print** Name of Practitioner

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: _____ BUN/Creatinine Date Drawn: _____

List Diabetic meds: _____ Results: _____

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

⌘ *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.

[x] Access central line or port if present and use for administration of medications and fluids. Flush per protocol.

[ ] Do NOT access central line or port if present (if checked, this order prevents above order to access central line or port)

✓	Exam	CPT(s)
	CT ROUTINE EXAMS	
	ABDOMEN/ PELVIS W contrast	74177
	ABDOMEN WO contrast	74150
	ABDOMEN W/contrast	74160
	ABDOMEN WO/W contrast	74170
	ABDOMEN **(LIVER)**	74170
	ABDOMEN **(PANCREATIC PROTOCOL)**	74170
	ABDOMEN/PELVIS **(PANCREATITIS)**	74177
	ABDOMEN/PELVIS W/O contrast	74176
	ABDOMEN/PELVIS WO/W contrast	74178
	ENTEROGRAPHY	74177
	Urogram W/O contrast (Stone Study)	74176
	PELVIS W/O contrast	72192
	PELVIS W/ contrast	72193
	PELVIS WO/W contrast	72194
	CHEST W/O contrast	71250
	CHEST W/ contrast	71260
	Followup Lung Screening	71250
	BRAIN W/O contrast	70450
	BRAIN WO/W contrast	70470
	ORBIT/TEMPORAL W/O contrast	70480
	ORBIT/TEMPORAL W/ contrast	70481
	ORBIT/TEMPORAL WO/W contrast	70482
	MAXILLOFACIAL W/O contrast	70486
	SINUS W/O contrast (Full Sinus)	70486
	SINUS LIMITED	76380
	NECK W contrast	70491
	Neck W/O Contrast	70490

✓	Exam	CPT(s)
	CT ANGIOGRAPHY EXAMS	
	ANGIO HEAD	70496
	ANGIO NECK	70498
	ANGIO HEAD/ANGIO NECK	70471
	ANGIO CHEST **(PULMONARY EMBOLISM)**	71275
	ANGIO CHEST	71275
	ANGIO ABDOMEN W/ contrast	74175
	ANGIO PELVIS	72191
	ANGIO RUNOFF **(BILAT LOWER EXTREMITIES)**	75635
	ANGIO ABD/PELVIS	74174
	ANGIO EXTREM UP-L	73206
	ANGIO EXTREM UP-R	73206
	ANGIO EXTREM LOW-L	73706
	ANGIO EXTREM LOW-R	73706
	CT EXTREMITY (SPECIFY AREA OF INTEREST)	
	EXTREM UP W/O contrast-L	73200
	EXTREM UP W/O contrast-R	73200
	EXTREM UP W/contrast-L	73201
	EXTREM UP W/ contrast-R	73201
	EXTREM LOW W/O contrast-L	73700
	EXTREM LOW W/O contrast-R	73700
	EXTREM LOW W/ contrast-L	73701
	EXTREM LOW W/ contrast-R	73701

✓	Exam	CPT(s)
	CT SPINES	
	CERVICAL SPINE W/O contrast	72125
	CERVICAL SPINE W/ contrast	72126
	T SPINE W/O contrast	72128
	T SPINE W/ contrast	72129
	L SPINE W/O contrast	72131
	L SPINE W/ contrast	72132
	CT BIOPSY *(Reminder NPO)*	
	BIOPSY LUNG	32405 / 77012
	BIOPSY LIVER	47000 / 77012
	BIOPSY RENAL	50200 / 77012
	BIOPSY PANCREAS	48108 / 77012
	BIOPSY RETRO ABDOMEN	49180 / 77012
	BIOPSY LYMPHNODES	38505 / 77012
	BIOPSY BONE DEEP	20225 / 77012
	BIOPSY BONE SUPERFICIAL **(EX. ILIEUM, STERNUM, RIB)**	20240 / 77012
	DRAIN **(SPECIFY AREA OF INTEREST)**	10140 / 77012
	ASPIRATION **(SPECIFY AREA OF INTEREST)**	10160 / 77012
	Ganglion Impar Block	64999/77012
	CT CARDIAC EXAMS	
	CT CALCIUM SCORE (HEART W/O)	75571
	CTA CORONARY ARTERIES	75574
	CT FFR	75580
	CT Plaque Analysis	75577

W = with W/O = without

Randolph Health