

79-1019 Haukapila St.

(PATIENT'S) LAST NAME	FIRST NAME	MIDDLE INITIAL	DATE OF BIRTH	AGE	SEX <input type="checkbox"/> M <input type="checkbox"/> F	DATE OF EXAM

ADDRESS			DATE OF INJURY / PREGNANCY (LMP)			APPT TIME		
CITY STATE ZIP			KNOWN ALLERGIES:			CHECK IN 15 MINUTES PRIOR TO YOUR APPT		
PHONE: HOME CELL WORK			REPORT TYPE: <input type="checkbox"/> STAT <input type="checkbox"/> ROUTINE <input type="checkbox"/> PHONE <input type="checkbox"/> FAX NO:					
PRIMARY INSURANCE NAME:			SECONDARY INSURANCE NAME:			Patient to Wait <input type="checkbox"/> YES <input type="checkbox"/> NO		
POL/ID#			POL/ID#			Patient Return w/CD <input type="checkbox"/> YES <input type="checkbox"/> NO		
PRE-AUTHORIZATION #			PRE-AUTHORIZATION #			Exam(s) not listed below:		
ICD-9 Code		Diagnosis/Code Description/Reason for Visit				Referring Physician Print Name		
ICD-10 Code		Diagnosis/Code Description/Reason for Visit				Referring Physician Signature		Date
THE EXAMINATION IS REASONABLE AND MEDICALLY NECESSARY						CC: (PHYSICIAN NAME)		

X	CODE	XR HEAD	X	CODE	XR UPPER EXTREMITIES	X	CODE	ULTRASOUND	
	70150	FACIAL BONES COMPLETE		73050	AC JOINTS (BILAT)	R	L	76700 ABDOMEN COMPLETE	
	70110	MANDIBLE COMPLETE		73000	CLAVICLE	R	L	76705 ABDOMEN LIMITED	
	70160	NASAL BONES		73080	ELBOW COMPLETE	R	L	76770 RETRO (RENAL, AORTA, NODE) COMP	
	70200	ORBITS COMPLETE		73140	FINGERS / THUMB	R	L	76775 KIDNEYS AND BLADDER	
	70220	SINUSES COMPLETE		73090	FOREARM (INCL ELBOW & WRIST)	R	L	76775 AORTA	
	70260	SKULL COMPLETE		73130	HAND COMPLETE	R	L	76880 EXTREMITY NON VASCULAR	
	70330	TMJ BILATERAL		73060	HUMERUS (INCL ELBOW)	R	L	93880 EXTRACRANUDUPLEX "CAROTID"	
X	CODE	XR CHEST / RIBS	X	CODE	XR LOWER EXTREMITIES	X	CODE	ULTRASOUND	
	71035	CHEST SPECIAL VIEWS		73010	SCAPULA	R	L	76536 HEAD WITH IMAGE	
	71010	CHEST 1 VIEW		73030	SHOULDER	R	L	76831 SONOHYSTEROGRAM	
	71020	CHEST 2 VIEWS		73110	WRIST COMPLETE	R	L	76805 OB COMPLETE	
	71110	RIBS - BILAT		73610	ANKLE 3 VIEWS	R	L	76815 OB TWINS	
	71101	RIBS + PA CXR	R	L	73650	CALCANEUS	R	L	76817 OB 1st Trimester (Limited with Transvaginal)
	71100	RIBS 2 VIEWS	R	L	73550	FEMUR (INCL KNEE)	R	L	76856 PELVIS COMPLETE (INCLUDES TRANSVAGINAL)
	71130	STERNOCLAVICULAR JOINT		73630	FOOT 3 VIEWS	R	L	76830 TRANSVAGINAL	
	71120	STERNUM		73510	HIP COMPLETE	R	L	49083 PARACENTESIS w/Guidance <input type="checkbox"/> R or <input type="checkbox"/> L or <input type="checkbox"/> BILATERAL	
X	CODE	XR GASTROINTESTINAL	X	CODE	XR ABDOMEN	X	CODE	ULTRASOUND	
	74270	BARIUM ENEMA		73560	KNEE AP BILAT STAND 1VW			32555 THORACENTESIS w/Guidance <input type="checkbox"/> R or <input type="checkbox"/> L or <input type="checkbox"/> BILATERAL	
	74280	BE AIR CONTRAST		73560	KNEE 2 VIEWS	R	L	76536 THYROID (OR NECK)	
	74220	ESOPHAGUS		73562	KNEE 3 VIEWS (ROUTINE)	R	L	76870 TESTICLES	
	74230	BARIUM SWALLOW WITH SPEECH THERAPIST		73564	KNEE 4 VIEWS	R	L		
	74250	SBFT (SMALL BOWEL STUDY)		73590	LOWER LEG (TIB-FIB)	R	L	<input type="checkbox"/> VENOUS IMAGING 93970 R or L UPPER or LOWER or BILAT	
	74305	T-TUBE CHOLANGIOGRAM		73540	PELVIS/HIPS INFANT				
	74249	UGI AC W/SBFT	X	CODE	XR ABDOMEN				
	74270	UGI AIR CONTRAST (AC)		74020	ABDOMEN 2 VIEWS (SUPINE & UPRIGHT)			<input type="checkbox"/> NEEDLE OR FNA W/GUIDANCE APPLICABLE SPECIFIC LOCATION: (Right, Left, Upper, Lower, 12o'clock, etc)	
X	CODE	XR SPINE	X	CODE	XR GENITOURINARY				
	72050	CERVICAL SPINE COMP W/ FLEX/EXT		74000	KUB				
	72050	CERVICAL SPINE COMPLETE	X	CODE	XR GENITOURINARY				
	72040	CERVICAL SPINE LIMITED 2 VIEWS		74400	IVP				
	72110	LUMBAR SPINE COMPLETE		74455	VOIDING CYSTO				
	72114	LUMBAR SPINE COMPLETE W/BEND VW	X	CODE	XR MISCELLANEOUS				
	72170	PELVIS 1-2 VIEWS		77072	BONE AGE			<input type="checkbox"/> ADULT ECHOCARDIOGRAM 93306	
	72220	SACRUM/COCCYX		77073	BONE LENGTH				
	72200	SI JOINT BILATERAL (3 VIEWS)		74740	HYSTEOSALPINGOGRAPHY			<b>ULTRASOUND PREP:</b>	
	72080	THORACIC SPINE COMPLETE		76942/70635	PICC LINE PLACEMENT			<b>ABDOMEN: NOTHING TO EAT OR DRINK AFTER MIDNIGHT</b>	
								<b>OB 1<sup>ST</sup> OR PELVIS: DRINK 32 oz WATER 1 HOUR BEFORE APPT. DO NOT VOID</b>	
X	CODE	NUCLEAR MEDICINE	CODE	MRI AND MRA	CODE	CT			
		NM ABDOMEN		MR HEAD					
	78708	RENAL FLOW + FUNCTION W/LASIK		70551	MRI BRAIN WO		70450	CT HEAD/BRAIN	
	78708	RENAL FLOW + FUNCTION W/WO ACE		70553	MRI BRAIN W/WO		71275	CT CHEST*	

INHIBITORS (RENAL HTN)						
78707	RENAL FLOW + FUNCTION W/O LASIK		70553	MRI BRAIN & IACS		70490 CT SOFT TISSUE NECK
78264	GASTRIC EMP.STUDY		70553	MRI BRAIN & PITUITARY		72125 CT CERVICAL SPINE
78278	GASTRO BLOOD LOSS IMAGING (GI BLEED)		70543	MRI ORBITS		72128 CT THORACIC SPINE
78290	GASTRIC MUCOSA IMAGING (MECKEL'S DIVERTICULUM)					72131 CT LUMBAR SPINE
78215	LIVER – SPLEEN SCAN W/FLOW, STATICS			<b>MR NECK</b>		74150 CT ABDOMEN*
78205	LIVER – SPLEEN SCAN W/SPECT		70542	MRI NECK (SOFT-TISSUE) WO		72192 CT PELVIS*
78205	RED BLOOD CELL LIVER SCAN (FOR HEMANGIOMA) W/SPECT		70551	MRI NECK (SOFT-TISSUE) W		CT APPENDIX*
78500	HEPATOBIILIARY SCAN		70551	MRI NECK (SOFT-TISSUE) W/WO		Spiral KUB & MPR 3D Reconstruction if needed
78501	HEPATOBIILIARY WITH EF					73200 CT UPPER EXTREMITY
				<b>MR CHEST/ABDOMEN/PELVIS</b>		73700 CT LOWER EXTREMITY
	<b>NM SKELETAL</b>		77059	MRI BREAST BILATERAL W/WO		CT POST MYELOGRAM
78300	BONE SCAN – LIMITED		71551	MRI BRACHIAL PLEXUS WO		FULL CORONAL/AXIAL SINUSES
78315	BONE SCAN WITH THREE PHASE		71550	MRI BRACHIAL PLEXUS W/WO		MPR 3D Reconstruction
78306	TOTAL BONE SCAN		74181	MRI ABDOMEN WO*		70486 CT FACIAL
78320	LIMITED BONE SCAN W/ SPECT		74183	MRI ABDOMEN W/WO*		75989 CYST ASPIRATION
				INCLUDE MRCP W/ABDOMEN MRI		70480 CT ORBITS OR SELLA
	<b>NM MISCELLANEOUS</b>		72195	MRI PELVIS WO*		
78802	TUMOR LOCALIZATION – WHOLE BODY (PROTASAIN, I-131 METS SURVEY, GALLUM STUDIES)		72197	MRI PELVIS W/WO*		<p><b>For CT &amp; MRI Exams</b></p> <p><b>*CT &amp; *MRI PREP: NPO</b> Nothing to Eat/Drink after 12 midnite prior to exam. Continue taking prescribed medication w/minimal water.</p> <p><b>CT &amp; MRI CONTRAST</b> Intravenous Contrast shall be left up to the Radiologist. If you <b>DO NOT</b> want IV Contrast material used please check here [ ]</p> <p><b>MRI SCREENING for PATIENT (PT):</b></p> <p>Does the PT have a cardiac pacemaker?    Y    N</p> <p>Or have had any type of Heart Surgery?    Y    N</p> <p>Has the PT ever had aneurysm surgery?    Y    N</p> <p>Or any type of Brain Surgery?    Y    N</p> <p>Does the PT have a biostimulator implant?    Y    N</p> <p>Has PT ever had metal debris in their eyes?    Y    N</p> <p>Or any type of metal shrapnel in their body?    Y    N</p> <p>Is the PT claustrophobic?    Y    N</p> <p>Is the PT pregnant?    Y    N</p> <p>If Yes, how many weeks? _____</p> <p><b>COMMENTS OR NOTES TO TECH:</b></p>
78806	ABSCESS LOCALIZATION – WHOLE BODY (GALLUM STUDIES)			<b>MR UPPER/LOWER EXTREMITY</b> Left [ ]    Right [ ]  Extremity: _____		
78195	LYMPH SENTINEL NODE IMAGING		73219	MRI “NON” JOINT W		
			73218	MRI “NON” JOINT WO		
	<b>NM NECK</b>		73220	MRI “NON” JOINT W/WO		
78002	THYROID UPTAKE		73222	MRI JOINT W		
78003	THYROID IMAGES		73721	MRI JOINT WO		
78004	THYROID UPTAKE AND IMAGES		73723	MRI JOINT W/WO		
78018	THYROID CARCINOMA SCAN (FOR METS) WHOLE BODY					
78070	PARATHYROID SCAN			<b>MR SPINE</b>		
			72141	MRI CERVICAL SPINE WO		
	<b>NM CHEST</b>		72156	MRI CERVICAL SPINE W/WO		
78452	MYOCARDIAL PERFUSION SPECT – S/R		72148	MRI LUMBAR SPINE WO		
93017	TREADMILL STRESS ONLY		72158	MRI LUMBAR SPINE W/WO		
78452	CARDIOLITE TREADMILL – S/R		72146	MRI THORACIC SPINE WO		
78452	LEXISCAN CARDIOLITE – S/R		72157	MRI THORACIC SPINE W/WO		
78472	CARDIAC GATED BLOOD POOL (MUGA)			<b>MRA</b>		
78503	LUNG VENTILATION & PERFUSION V/Q		70544	MRA BRAIN		
78579	LUNG SPLIT FUNCTION		70549	MRA CAROTID W/WO		
			74184	MRA RENAL/ABD AORTA		