

COMPUTERIZED TOMOGRAPHY

NAME

ADDRESS

PHONE

AGE

DOCTOR

ROOM NO.

DATE

| | | | |
|----------------|--------------|---------------|--|
| INPATIENT | AMBULATORY | C.T. NUMBER | |
| OUTPATIENT | WHEELCHAIR | | |
| EMERGENCY ROOM | STRETCHER | | |
| ORDERED BY: | DATE ORDERED | TO BE DONE | TECH |
| ALLERGIES: | | Hx FORM FILED | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| DIAGNOSIS: | | | |
| HISTORY: | | | |

| | | | |
|--------------|------|----------|-------|
| REQUESTED BY | M.D. | BUN | EXAM: |
| | | CREATINE | EXAM: |

| X QTY. | DESCRIPTION | SV CODE | X QTY. | DESCRIPTION | SV CODE | X QTY. | DESCRIPTION | SV CODE |
|--------------|-------------------------------|---------|----------------------|--------------------------|---------|-----------------|--------------------------|---------|
| HEAD | | | | | | | LIMITED STUDY | 4250024 |
| | HEAD W / OUT | 4250005 | | | | | EXTRA VIEWS | 4250018 |
| | HEAD WITH | 4250004 | | | | | MISC. _____ | 4250019 |
| | HEAD W / WITHOUT | 4250003 | | | | | OPTIRAY _____ 50 ml | 4300001 |
| | IAC / ORBIT / FOSSA WITHOUT | 4250022 | | | | | OPTIRAY _____ 100 ml | 4300002 |
| | IAC / ORBIT / FOSSA WITH | 4250021 | BODY | | | | GASTROGRAFIN _____ 15 ml | 4300869 |
| | IAC / ORBIT FOSSA W / WITHOUT | 4250020 | | PELVIS WITHOUT | 4250011 | | | |
| | SELLA TURCICA | 4250031 | | PELVIS WITH | 4250010 | | | |
| | S. TURCICA WITH | 4250032 | | PELVIS WITH / WITHOUT | 4250009 | | | |
| | S. TURCICA COMB. | 4250033 | | UPPER ABD. W / OUT | 4250002 | | | |
| | SINUS COMPLEX WITHOUT | 4250041 | | UPPER ABD. WITH | 4250001 | | | |
| | SINUS COMPLEX WITH | 4250042 | | UPPER ABD. W / WITHOUT | 4250000 | | | |
| | SINUS COMPLEX W / WITHOUT | 4250028 | | NECK WITH | 4250034 | | | |
| | SINUS SIMPLE WITHOUT | 4250043 | | NECK W / OUT | 4250008 | TECH USE | | |
| | SINUS SIMPLE WITH | 4250044 | | NECK W / WITHOUT | 4250035 | | | |
| | SINUS SIMPLE W / WITHOUT | 4250027 | | | | | | |
| SPINE | | | | | | | | |
| | CERV. SPINE | 4250012 | | | | | | |
| | DORS. SPINE | 4250014 | | | | | | |
| | L. SPINE | 4250013 | | | | | | |
| | BONE DENSITOMETRY | 4250030 | | | | | | |
| | | | MISCELLANEOUS | | | | | |
| | | | | KIDNEYS | 4250036 | | | |
| | | | | UPPER EXTREM W / O | 4250007 | | | |
| | | | | UPPER EXTREM WITH | 4250037 | | | |
| CHEST | | | | UPPER EXTREM W / WOUT | 4250038 | | | |
| | LUNG | 4250017 | | LOWER EXTREM W / O | 4250039 | | | |
| | LUNG WITH | 4250016 | | LOWER EXTREM WITH | 4250040 | | | |
| | LUNG COMB. | 4250015 | | LOWER EXTREM W / WITHOUT | 4250006 | | | |

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| INPATIENT | AMBULATORY | C.T. NUMBER | NAME |
| OUTPATIENT | WHEELCHAIR | | ADDRESS |
| EMERGENCY ROOM | STRETCHER | | PHONE |
| ORDERED BY: | DATE ORDERED | TO BE DONE | TECH |
| ALLERGIES: | Hx FORM FILED YES <input type="checkbox"/> NO <input type="checkbox"/> | | AGE |
| DIAGNOSIS: | | | DOCTOR |
| HISTORY: | | | ROOM NO. DATE |
| | BUN | | EXAM: |
| REQUESTED BY | M.D. CREATINE | | EXAM: |

Findings:

Dr. _____
Roentgenologist

X-RAY REPORT