

DIAGNOSTIC RADIOLOGY

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:	BUN _____	EXAM:
M.D.	CREATINE _____	EXAM:

X	DESCRIPTION	SV CODE	X	DESCRIPTION	SV CODE	X	DESCRIPTION	SV CODE	X	DESCRIPTION	SV CODE
HEAD / NECK						ORAL GB	4215681	RENAL	4260006		
	MANDIBLE COMPLETE	4214707				OPER CHOLANGIOGRAM	4215800	SPLEEN	4260016		
	MASTOID COMP.	4214677	UPPER EXTREMITY			POST OP CHOL.	4215711	ABORTED U / S	4260001		
	FACIAL BONES	4214693		CLAVICLE	4215029			AMNIO	4260002		
	ORBITS	4214790		SCAPULA	4215037			TRANS VAGINAL	4260013		
	PARANASAL SINUS	4214685		SHOULDER	4215002			ECHOCARDIOGRAM	4260003		
	SELLA TURCICA	4214642		AC JTS BILATERAL	4215045			ECHO PRO FEE	4260004		
	SKULL SERIES COMPLETE	4214634		HUMERUS	4215053	URINARY TRACT			THORACIC U / S	4260014	
	TMJ BILATERAL	4214715		ELBOW COMPLETE	4215061	IVP	4215487				
	NECK SOFT TISSUE	4214766		FOREARM	4215010	HYP IVP	4215509				
	NASAL BONES	4214723		WRIST 3 VIEWS	4215088	IVP / TOMO	4210007				
				HAND 3 VIEWS	4215096	CYSTOGRAM	4215525	NUCLEAR MEDICINE			
				FINGERS	4215150	VOIDING CYSTO	4215525	BONE PARTIAL	4270007		
				NAVICULAR SERIES	4215126	INF. IVP	4215495	BONE COMP	4270003		
								BRAIN	4270002		
CHEST								HIDA SCAN	4270012		
	CHEST PA	4215355						LIVER / SPLEEN	4270001		
	CHEST PA / LAT	4215347	LOWER EXTREMITY					RENAL	4270004		
	RIBS UNILATERAL	4210001		HIP UNILATERAL	4214960	MISCELLANEOUS			PERF / LUNG	4270008	
	RIBS BILATERAL	4215452		HIP BILATERAL	4214928	FLUOROSCOPY	4214995	VENT / LUNG	4270013		
	STERNUM	4215479		FEMUR	4215134	BONE AGE	4215673	THYROID UPT / SCAN	4270009		
	EMPLOYEE CHEST	4210002		KNEE 3 VIEWS	4215142	MET BONE SURVEY	4215274	THYROID UPTAKE	4270010		
	PRE-EMPLOYMENT CHEST	4210009		LOWER LEG	4215185	TOMOGRAM	4215843	ISOTOPE	4270011		
				ANKLE COMP	4215193	CALL BACK	4236017	VASCULAR FLOW	4270014		
				FOOT COMPLETE	4215207	PORTABLE	4220000				
MAMMOGRAPHY						ARTERIOGRAM	4270006				
	MAMMO UNILATERAL	4280001		CALCANEUS	4215223	VENOGRAM	4215967				
	MAMMO BILATERAL	4280000		TOES	4215215	OPTIRAY 50ml	4300001-7	TECH. USE ONLY			
	NEEDLE LOC / BIOPSY	4280004				OPTIRAY 100ml	4300002-5				
	SURG. SPECIMEN	4210003									
	SCREENING MAMMO	4280003									
			ABDOMEN								
				KUB	4215304						
SPINE PELVIS											
	C. SPINE COMP	4210008		ABD COMP	4215312	ULTRASOUND					
	D. SPINE COMP	4214871		ABD ACUTE	4210006	ABD COMP	4260000				
	L. SPINE COMP	4210004				BIO PROFILE	4260010				
	PELVIS 1 VIEW	4214901				BREAST	4260005				
	SACROILIAC JTS.	4214952				DOPPLER	4260017				
	SACRUM / COCCYX	4214944	GI TRACT			CAROTID DOPP	4260011				
	C. SPINE 3 VIEWS	4214839		ESOPHAGUS	4215576	PERIPHER VASC	4260018				
	L. SPINE 3 VIEWS	4214898		UGI	4215592	THYROID	4260012				
	PRE-EMPLOYMENT SPINE	4210005		SMALL BOWEL	4215606	OB 1ST	4260008				
	PELVIS COMPLETE	4214855		COLON	4215657	OB REPEAT	4260009				
				COLON / AIR	4215665	GB	4260015				
						PELVIC	4260007				

RADIOLOGY REQUEST