This is your DOCTOR's ORDER, Please bring it with YOU to your exam.

TODAY'S DATE/TIME: _____ PATIENT'S NAME: _____ DATE OF BIRTH: _____ ☐ M ☐ F

INSURANCE INFORMATION: _____ PHONE # (H): _____ PHONE # (W): _____

REASON FOR TEST: _____

REFERRING PHYSICIAN'S (Printed): _____ OFFICE PHONE: #: _____ **APPOINTMENT DATE/TIME:** _____

REFERRING PHYSICIAN'S SIGNATURE: _____ **AUTHORIZATION / REFERRAL #:** _____

MRI/CT AND IVP'S WITH IV CONTRAST: PROVIDE LAB VALUES: CREATININE _____ DATE DRAWN _____

BLOOD WORK MUST BE WITHIN 30 DAYS OF MRI EXAM AND 90 DAYS OF CT / IVP EXAM.

NEEDED FOR ALL DIABETIC & RENAL INSUFFICIENCY PATIENTS AND ANYONE 65 YEARS AND OLDER.

GENERAL RADIOLOGY / XRAY

☐ Skull		
☐ Orbits	RT	LT
☐ Facial Bones		
☐ Nasal Bones		
☐ Paranasal Sinuses		
☐ Nasopharynx / Soft Neck Tissue		
☐ Cervical Spine		
☐ Thoracic Spine		
☐ Lumbar Spine		
☐ Pelvis		
☐ Sacrum / Coccyx		
☐ SI Joints		
☐ Shoulder	RT	LT
☐ Scapula	RT	LT
☐ Clavicle	RT	LT
☐ Chest PA / LAT		
☐ Ribs	RT	LT
☐ Sternum		
☐ Arm / Humerus	RT	LT
☐ Elbow	RT	LT
☐ Forearm	RT	LT
☐ Wrist	RT	LT
☐ Hand	RT	LT
☐ Finger	RT	LT
☐ Abdomen - KUB		
☐ Abdomen - Flat / Upright		
☐ Hip	RT	LT
☐ Femur	RT	LT
☐ Knee	RT	LT
☐ Tibia / Fibula	RT	LT
☐ Ankle	RT	LT
☐ Heel / Calcaneous	RT	LT
☐ Foot	RT	LT
☐ Toe	RT	LT
☐ Scoliosis Series		
☐ Obstructive Series / ABD Complete w/Chest		
☐ Metastatic Bone Survey		
☐ Other (specify): _____		

MRI

Contrast	with & w/o	w/o
☐ Brain	70553	70551
☐ Pituitary	70553	70551
☐ IAC's	70553	70551
☐ Orbits	70543	70540
☐ Sinuses	70543	70540
☐ TMJ RT LT		70336
☐ Neck- Soft Tissue	70543	70540
☐ Breast RT LT	77059	77058
☐ Brachial Plexus	73220	70540
☐ Cervical Spine	72156	72141
☐ Thoracic Spine	72157	72146
☐ Lumbar Spine	72158	72148
☐ Lumbar Plexus	72158	
☐ Chest	71552	71550
☐ Abdomen (organ specific)	74183	74181
☐ Pelvis	72197	72195
Extremities		
☐ Shoulder RT LT	73223	73221
☐ Elbow RT LT	73223	73221
☐ Wrist RT LT	73223	73221
☐ Hand RT LT	73220	73218
☐ Hip RT LT	73723	73721
☐ Knee RT LT	73723	73721
☐ Ankle RT LT	73723	73721
☐ Foot RT LT	73720	73718
☐ Other (specify): _____		

MRA

MR Angiography Contrast	with or w/o
☐ Thoracic Aorta / Chest	71555
☐ Abdominal Aorta	74185
☐ Pelvis	72198
☐ Upper Extremity RT LT	73225
☐ Lower Extremity RT LT	73725
Contrast	without
☐ Brain MRA	70544
☐ Neck MRA	70547
☐ Other (specify): _____	

FLUOROSCOPY

☐ Hysterosalpingogram	74740 & 58340
☐ Swallow Function/ Video Swallow	74230
☐ Sniff Test	76000
☐ Fistulagram	76080
☐ VCUG	74455
☐ Esophagram	74220
☐ Upper GI Double Contrast	74246
☐ Small Bowel Series	74250
☐ BE Double Contrast	74280
☐ BE via Ostomy	74270
☐ BE via Rectum	74270
☐ Urogram Retrograde	74420
☐ UGI WSBFT	74245
☐ Other (specify): _____	

CT SCAN

Contrast	with & w/o	w/o	with
☐ Brain	70470	70450	70460
☐ Pituitary	70470	70450	70460
☐ Orbits	70482	70480	70481
☐ Temporal Bones/ IAC	70482	70480	70481
☐ Sinuses	70488	70486	70487
☐ Neck - Soft Tissue	70492	70490	70491
☐ Chest	71270	71250	71260
☐ Abdomen & Pelvis	74178	74176	74177
☐ Abdomen	74170	74150	74160
☐ Pelvis	72194	72192	72193
☐ Cervical Spine	72127	72125	72126
☐ Thoracic Spine	72130	72128	72129
☐ Lumbar Spine	72133	72131	72132
☐ Other (specify): _____			

CTA

CT Angiography Contrast	with & w/o
☐ Head Intracranial Vessels	70496
☐ Neck Carotid	70498
☐ Chest	71275
☐ Aorta-Ileofem	75635
☐ Abdomen	74175
☐ Pelvis	72191
☐ Upper Extremity RT LT	73206
☐ Lower Extremity RT LT	73706
☐ Other (specify): _____	

SONOGRAPHY

☐ Abdomen	76700
☐ Abdomen w/ Doppler	76700 & 93975
☐ Complete Renal	76770
☐ Transplant Kidney w /Doppler	76776
☐ Renal w/ Doppler	76770 & 93976
☐ Female Pelvis - Transabdominal	76856
☐ Transvaginal	76830
☐ Ovarian Doppler	93975
☐ Thyroid	76536
☐ Testicular w/ Doppler	76870 & 93975
☐ Extremity Soft Tissue RT LT Upper / Lower	76882
☐ Soft Tissue	76999
☐ Breast RT LT	76645
☐ Neonatal Head	76506
☐ Other (specify): _____	

Vascular Doppler

☐ Segmental Doppler	93923
☐ ABI	93922
☐ Carotid Doppler	93880
☐ Aorta	G0389
☐ DVT Bilat Extremity Upper / Lower	93970
☐ DVT Unilat Extremity RT / LT Upper / Lower	93971
☐ Other (specify): _____	

NUCLEAR MEDICINE

Musculoskeletal

☐ Bone (whole body)	78306
☐ Bone (whole body w/Spect)	78306 &78320
☐ Bone (3 phase)	78315
☐ Bone (LMTD)	78300

GI / GU

☐ Renal Flow & Function Scan	78707
☐ Renal Scan w/Lasix	78708
☐ Renal Scan wo/w Captopril	78709
☐ Heptobilary/HIDA w/CCK	78223
☐ Liver / Spleen Scan	78215
☐ Gastric Emptying Scan	78264
☐ Prostascint (whole body w/Spect)	78802 &78803

Endocrine

☐ I-123 Thyroid Uptake and Scan	78007
☐ I-131 Thyroid Whole Body	78018
☐ I-131 Thyroid Therapy	79005
☐ Parathyroid Scan w/Spect	78070 &78803

Respiratory

☐ V/Q Scan	78588
☐ Lung Perfusion	78580

Inflammation / Infection

☐ WBC Scan (whole body)	78806
☐ WBC Scan (limited)	78805
☐ Gallium Scan (whole body)	78806
☐ Other (specify): _____	

Radiology Order
Department of Radiology

Shands Jacksonville

Form # 250095
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Approved: 04/08
Revised: 03/31/11

Distribution: White - Medical Record (Patient to bring day of appointment)
Yellow - Physician Office (fax to area of service)