

# CT ORDER FORM

LAST NAME		TODAYS DATE	<b>*** ICD-10 INFO REQUIRED ***</b>	
FIRST NAME		DATE OF BIRTH	NARRATIVE SYMPTOM OR DIAGNOSIS	ICD-10 Code
PHONE	ALT. PHONE		1	
INSURANCE COMPANY			2	
POLICY #	GROUP #		3	
PHYSICIAN NAME		SPECIAL INSTRUCTIONS		
OFFICE TELEPHONE NUMBER		<input type="checkbox"/> ROUTINE <input type="checkbox"/> URGENT		
PHYSICIAN SIGNATURE *** (REQUIRED)		PRE-AUTH REQUIRED: Y <input type="checkbox"/> N <input type="checkbox"/> PRE-AUTH #		

<input checked="" type="checkbox"/>	EXAM	CPT	<input checked="" type="checkbox"/>	EXAM	CPT	<input checked="" type="checkbox"/>	EXAM	CPT
<input type="checkbox"/>	CT ABDOMEN & PELVIS W DYE	74177	<input type="checkbox"/>	CT LOWER EXTREMITY LEFT W DYE	73701	<input type="checkbox"/>	CT THORACIC SPINE W/O & W DYE	72130
<input type="checkbox"/>	CT ABDOMEN & PELVIS W DYE (ENTEROGRAPHY)	74177	<input type="checkbox"/>	CT LOWER EXTREMITY LEFT W/O & W DYE	73702	<input type="checkbox"/>	CT THORACIC SPINE W/O DYE	72128
<input type="checkbox"/>	CT ABDOMEN & PELVIS W/O & W DYE	74178	<input type="checkbox"/>	CT LOWER EXTREMITY LEFT W/O DYE	73700	<input type="checkbox"/>	CT UPPER EXTREMITY LEFT W DYE	73201
<input type="checkbox"/>	CT ABDOMEN & PELVIS W/O & W DYE (UROGRAM)	74178	<input type="checkbox"/>	CT LOWER EXTREMITY RIGHT W DYE	73701	<input type="checkbox"/>	CT UPPER EXTREMITY LEFT W/O & W DYE	73202
<input type="checkbox"/>	CT ABDOMEN & PELVIS W/O DYE	74176	<input type="checkbox"/>	CT LOWER EXTREMITY RIGHT W/O & W DYE	73702	<input type="checkbox"/>	CT UPPER EXTREMITY LEFT W/O DYE	73200
<input type="checkbox"/>	CT ABDOMEN W DYE	74160	<input type="checkbox"/>	CT LOWER EXTREMITY RIGHT W/O DYE	73700	<input type="checkbox"/>	CT UPPER EXTREMITY RIGHT W DYE	73201
<input type="checkbox"/>	CT ABDOMEN W/O & W DYE	74170	<input type="checkbox"/>	CT LUMBAR SPINE W DYE	72132	<input type="checkbox"/>	CT UPPER EXTREMITY RIGHT W/O & W DYE	73202
<input type="checkbox"/>	CT ABDOMEN W/O & W DYE (KIDNEY PROTOCOL)	74170	<input type="checkbox"/>	CT LUMBAR SPINE W/O & W DYE	72133	<input type="checkbox"/>	CT UPPER EXTREMITY RIGHT W/O DYE	73200
<input type="checkbox"/>	CT ABDOMEN W DYE (LIVER PROTOCOL)	74160	<input type="checkbox"/>	CT LUMBAR SPINE W/O DYE	72131	<b>CT Angiography</b>		
<input type="checkbox"/>	CT ABDOMEN W DYE (PANCREAS PROTOCOL)	74160	<input type="checkbox"/>	CT MAXILLOFACIAL W DYE	70487	<input type="checkbox"/>	CTA ABDOMEN & PELVIS W DYE	74174
<input type="checkbox"/>	CT ABDOMEN W/O DYE	74150	<input type="checkbox"/>	CT MAXILLOFACIAL W/O & W DYE	70488	<input type="checkbox"/>	CTA ABDOMEN W DYE	74175
<input type="checkbox"/>	CT BONE LENGTH STUDIES (SCANOGRAM)	77073	<input type="checkbox"/>	CT MAXILLOFACIAL W/O DYE	70486	<input type="checkbox"/>	CTA ABDOMINAL AORTA & LE RUNOFF W DYE	75635
<input type="checkbox"/>	CT CERVICAL SPINE W DYE	72126	<input type="checkbox"/>	CT ORBITS W DYE	70481	<input type="checkbox"/>	CTA CHEST W DYE (PE PROTOCOL)	71275
<input type="checkbox"/>	CT CERVICAL SPINE W/O & W DYE	72127	<input type="checkbox"/>	CT ORBITS W/O & W DYE	70482	<input type="checkbox"/>	CTA CHEST W DYE (THORACIC AORTA PROTOCOL)	71275
<input type="checkbox"/>	CT CERVICAL SPINE W/O DYE	72125	<input type="checkbox"/>	CT ORBITS W/O DYE	70480	<input type="checkbox"/>	CTA CHEST/ABDOMEN W DYE (COMPLETE AORTA PROTOCOL)	71275
<input type="checkbox"/>	CT CHEST W DYE	71260	<input type="checkbox"/>	CT PELVIS W DYE	72193	<input type="checkbox"/>	CTA CHEST/ABDOMEN W DYE (COMPLETE AORTA PROTOCOL)	74175
<input type="checkbox"/>	CT CHEST W/O & W DYE	71270	<input type="checkbox"/>	CT PELVIS W/O & W DYE	72194	<input type="checkbox"/>	CTA HEAD W DYE	70496
<input type="checkbox"/>	CT CHEST W/O DYE	71250	<input type="checkbox"/>	CT PELVIS W/O DYE	72192	<input type="checkbox"/>	CTA HEART & CORONARY ARTERIES W DYE	75574
<input type="checkbox"/>	CT HEAD W DYE	70460	<input type="checkbox"/>	CT SINUSES W DYE	70487	<input type="checkbox"/>	CTA LOWER EXTREMITY LEFT W DYE	73706
<input type="checkbox"/>	CT HEAD W/O & W DYE	70470	<input type="checkbox"/>	CT SINUSES W/O & W DYE	70488	<input type="checkbox"/>	CTA LOWER EXTREMITY RIGHT W DYE	73706
<input type="checkbox"/>	CT HEAD W/O DYE	70450	<input type="checkbox"/>	CT SINUSES W/O DYE	70486	<input type="checkbox"/>	CTA NECK W DYE	70498
<input type="checkbox"/>	CT HEART W/O DYE (CORONARY CALCIUM SCORE)	75571	<input type="checkbox"/>	CT SOFT TISSUE NECK W DYE	70491	<input type="checkbox"/>	CTA UPPER EXTREMITY LEFT W DYE	73206
<input type="checkbox"/>	CT LOW DOSE SCAN FOR LUNG CANCER SCREEN *** Required Information below *** No. of pack years smoked? _____ Patient is asymptomatic? _____ Current Smoker? _____ Or # of years since smoking? _____ NPI of ordering provider? _____	G0297	<input type="checkbox"/>	CT SOFT TISSUE NECK W/O & W DYE	70492	<input type="checkbox"/>	CTA UPPER EXTREMITY RIGHT W DYE	73206
			<input type="checkbox"/>	CT SOFT TISSUE NECK W/O DYE	70490	<b>OTHER EXAMS REQUESTED</b>		
			<input type="checkbox"/>	CT TEMPORAL BONE W DYE	70481	<input type="checkbox"/>		
			<input type="checkbox"/>	CT TEMPORAL BONE W/O & W DYE	70482	<input type="checkbox"/>		
			<input type="checkbox"/>	CT TEMPORAL BONE W/O DYE	70480	<input type="checkbox"/>		
			<input type="checkbox"/>	CT THORACIC SPINE W DYE	72129	<input type="checkbox"/>		

Fax this order to: (928) 532-1411
Scheduling Phone: (928) 537-6554
Radiology Dept Phone: (928) 537-6338

