

■ MAIN HOSPITAL 1230 Baxter St., Athens, GA	■ OUTPATIENT DIAGNOSTIC CENTER 2470 Daniells Bridge Rd., Athens, GA	TO SCHEDULE: 706.389.2700 FAX this order and required clinical records to: 706.389.2001
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PATIENT'S LEGAL NAME	DATE OF BIRTH	PATIENT PHONE	INSURANCE COMPANY NAME
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PHYSICIAN OFFICES Tests cannot be performed without listing the signs/symptoms and/or reason(s) for each test ordered along with the ICD-10 code. Federal law requires that we inform you when ordering tests that will be paid under federal health programs, including Medicare and Medicaid, physicians should only order tests that are medically necessary for diagnosis or treatment of the patient, not for screening purposes.

Your office will be contacted prior to test being performed if form is not complete.

PATIENT SIGNS/SYMPTOMS	ICD-10 CODE:
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PHYSICIAN NAME (PLEASE PRINT) _____ X _____ ORDERING PHYSICIAN'S SIGNATURE <i>Signature Stamps Are Not Valid</i>	DATE/TIME _____ <input type="checkbox"/> CALL REPORT TO _____ <input type="checkbox"/> FAX REPORT TO _____ SPECIAL INSTRUCTIONS _____
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DIAGNOSTIC <i>unscheduled</i>		
CRANIAL		
<input type="checkbox"/> FACIAL BONES		70150
<input type="checkbox"/> MANDIBLE		70110
<input type="checkbox"/> NASAL BONES		70160
<input type="checkbox"/> SINUSES		70220
<input type="checkbox"/> SKULL		70260
<input type="checkbox"/> WATERS VIEW		70210
THORAX		
<input type="checkbox"/> CHEST 2-VIEW		71020
<input type="checkbox"/> RIBS BILATERAL		71111
SPINE		
<input type="checkbox"/> C-SPINE 1-VIEW		72020
<input type="checkbox"/> C-SPINE 2-VIEW		72040
<input type="checkbox"/> C-SPINE FLEX/EXT ONLY		72040
<input type="checkbox"/> C-SPINE COMPLETE W/F/E		72052
<input type="checkbox"/> C-SPINE COMPLETE		72052
<input type="checkbox"/> T-SPINE 3-VIEW		72072
<input type="checkbox"/> L-SPINE 2-VIEW		72100
<input type="checkbox"/> L-SPINE FLEX/EXT		72100
<input type="checkbox"/> L-SPINE COMPLETE W/F/E		72114
<input type="checkbox"/> L-SPINE COMPLETE		72110
<input type="checkbox"/> SCOLIOSIS SURVEY		72069
ABDOMEN		
<input type="checkbox"/> ABDOMEN/KUB		74000
<input type="checkbox"/> ABDOMEN 2-VIEW		74010
<input type="checkbox"/> ABDOMEN SERIES		74022
<input type="checkbox"/> SITZ MARKER		74000
UPPER EXTREMITIES		
<input type="checkbox"/> ELBOW (R/L)		73080
<input type="checkbox"/> FINGER(S) (R/L)		73140
<input type="checkbox"/> FOREARM (R/L)		73090
<input type="checkbox"/> HAND (R/L)		73130
<input type="checkbox"/> HUMERUS (R/L)		73060
<input type="checkbox"/> SHOULDER (R/L)		73030
<input type="checkbox"/> WRIST 2-VIEW (R/L)		73100
<input type="checkbox"/> WRIST COMPLETE (R/L)		73110
LOWER EXTREMITIES		
<input type="checkbox"/> ANKLE 2-VIEW (R/L)		73600
<input type="checkbox"/> ANKLE COMPLETE (R/L)		73610
<input type="checkbox"/> FEMUR (R/L)		73550
<input type="checkbox"/> FOOT (R/L)		73630
<input type="checkbox"/> HIPS, BILATERAL		73520
<input type="checkbox"/> HIP (R/L)		73510
<input type="checkbox"/> KNEE 2-VIEW (R/L)		73560
<input type="checkbox"/> KNEE COMPLETE (R/L)		73564
<input type="checkbox"/> OS CALCIS (HEEL) (R/L)		73650
<input type="checkbox"/> PELVIS, AP		72170
<input type="checkbox"/> TIBIA/FIBULA (R/L)		73590
<input type="checkbox"/> TOE(S) (R/L)		73660
OTHER		
<input type="checkbox"/> OTHER		

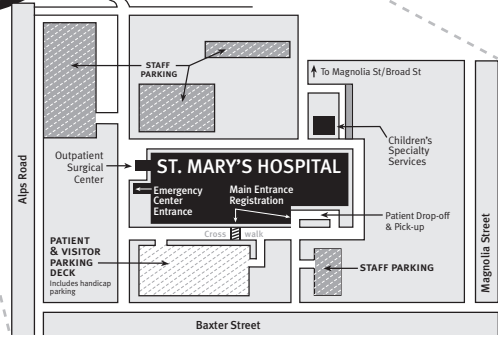
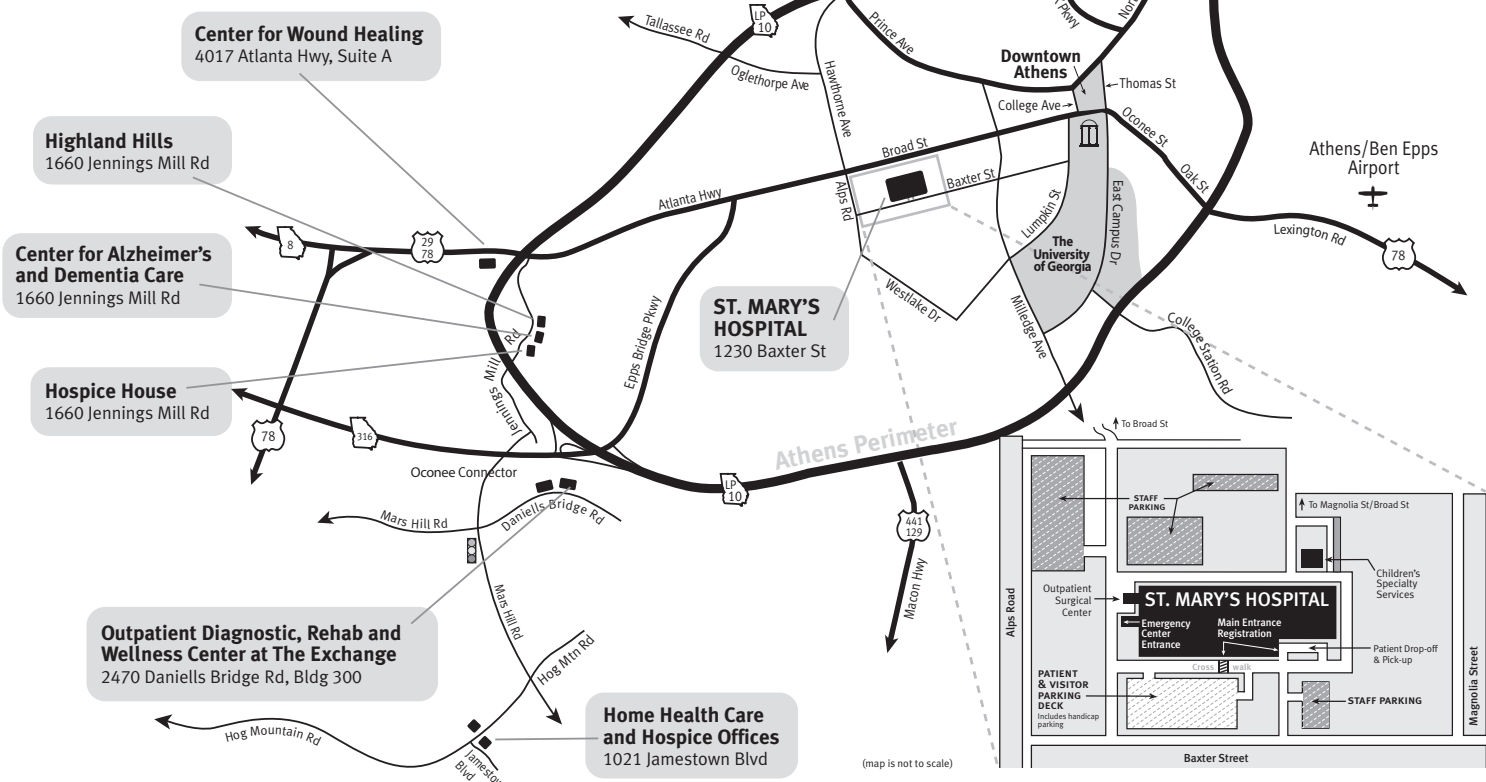
DIAGNOSTIC <i>scheduled</i>		
<input type="checkbox"/> ARTHROGRAM		
<input type="checkbox"/> BARIUM ENEMA (ADULT/PEDS)	74270	
<input type="checkbox"/> BARIUM ENEMA W/AIR	74280	
<input type="checkbox"/> BARIUM SWALLOW (ESOPHAGRAM)	74220	
<input type="checkbox"/> CERVICAL MYELOGRAM	72240	
<input type="checkbox"/> ENTEROCLYSIS	74251	
<input type="checkbox"/> HSG	74740	
<input type="checkbox"/> LUMBAR MYELOGRAM	72265	
<input type="checkbox"/> MODIFIED BARIUM SWALLOW	74230	
<input type="checkbox"/> SIALOGRAM	70390	
<input type="checkbox"/> SMALL BOWEL (ADULT/PEDS)	74250	
<input type="checkbox"/> THORACIC MYELOGRAM	72255	
<input type="checkbox"/> UGI SERIES	74246	
<input type="checkbox"/> UGI W/SMALL BOWEL	74249	
<input type="checkbox"/> VCUG	74455	
CT		
<input type="checkbox"/> ABDOMEN W/CONTRAST	74160	
<input type="checkbox"/> ABDOMEN W & W/O CONTRAST	74170	
<input type="checkbox"/> ABDOMEN W/O CONTRAST	74150	
<input type="checkbox"/> BIOPSY:	77012	
<input type="checkbox"/> CALCIUM SCORING (HOSPITAL ONLY)	75571	
<input type="checkbox"/> C-SPINE W/O CONTRAST	72125	
<input type="checkbox"/> CHEST W/CONTRAST	71260	
<input type="checkbox"/> CHEST W/O CONTRAST	71250	
<input type="checkbox"/> CHEST SUPER D W/CONTRAST	71260	
<input type="checkbox"/> CHEST SUPER D W/O CONTRAST	71250	
<input type="checkbox"/> ENTEROGRAPHY	74160	
<input type="checkbox"/> HEAD W & W/O CONTRAST	70470	
<input type="checkbox"/> HEAD W/O CONTRAST	70450	
<input type="checkbox"/> L-SPINE W/O CONTRAST	72131	
<input type="checkbox"/> LOWER EXTREMITY W/O CONTRAST	73700	
<input type="checkbox"/> MASTOID (IACS) W/CONTRAST	70481	
<input type="checkbox"/> MAX FACIAL W/CONTRAST	70487	
<input type="checkbox"/> NECK (SOFT TISSUE) W/CONTRAST	70491	
<input type="checkbox"/> ORBITS W/CONTRAST	70481	
<input type="checkbox"/> PELVIS W/CONTRAST	72193	
<input type="checkbox"/> PELVIS W/O CONTRAST	72192	
<input type="checkbox"/> SINUSES COMPLETE W/O CONTRAST	70486	
<input type="checkbox"/> T-SPINE W/O CONTRAST	72128	
<input type="checkbox"/> UPPER EXTREMITY W/O CONTRAST	73200	
CT ANGIO		
<input type="checkbox"/> CT ANGIO ABDOMEN	74175	
<input type="checkbox"/> CT ANGIO ABDOMEN W/RUNOFF	75635	
<input type="checkbox"/> CT ANGIO CHEST	71275	
<input type="checkbox"/> CT ANGIO CORONARY	75574	
<input type="checkbox"/> CT ANGIO HEAD	70496	
<input type="checkbox"/> CT ANGIO NECK	70498	
<input type="checkbox"/> CT ANGIO PELVIS	72191	
OTHER:		

MRI <i>no patients with pacemakers</i>		
<input type="checkbox"/> ABDOMEN W & W/O CONTRAST	74183	
<input type="checkbox"/> ABDOMEN W/O CONTRAST	74181	
<input type="checkbox"/> ANKLE W & W/O CONTRAST (R/L)	73723	
<input type="checkbox"/> ANKLE W/O CONTRAST (R/L)	73721	
<input type="checkbox"/> BRAIN W & W/O CONTRAST	70553	
<input type="checkbox"/> BRAIN W/O CONTRAST	70551	
<input type="checkbox"/> BREAST BILATERAL W & W/O CONTRAST	77059	
<input type="checkbox"/> C-SPINE W & W/O CONTRAST	72159	
<input type="checkbox"/> C-SPINE W/O CONTRAST	72141	
<input type="checkbox"/> CHEST W & W/O CONTRAST	71552	
<input type="checkbox"/> CHEST W/O CONTRAST	71550	
<input type="checkbox"/> HIP W & W/O CONTRAST (R/L)	73723	
<input type="checkbox"/> HIP W/O CONTRAST (R/L)	73721	
<input type="checkbox"/> IAC W & W/O CONTRAST	70553	
<input type="checkbox"/> L-SPINE W & W/O CONTRAST	72158	
<input type="checkbox"/> L-SPINE W/O CONTRAST	72148	
<input type="checkbox"/> ORBITS W & W/O CONTRAST	70543	
<input type="checkbox"/> PELVIS W & W/O CONTRAST	72197	
<input type="checkbox"/> PELVIS W/O CONTRAST	72195	
<input type="checkbox"/> PITUITARY W & W/O CONTRAST	70553	
<input type="checkbox"/> SACRUM W & W/O CONTRAST	72197	
<input type="checkbox"/> SACRUM W/O CONTRAST	72195	
<input type="checkbox"/> T-SPINE W & W/O CONTRAST	72157	
<input type="checkbox"/> T-SPINE W/O CONTRAST	72146	
<input type="checkbox"/> TMJ	70336	
<input type="checkbox"/> OTHER:		
MR ANGIO		
<input type="checkbox"/> MRA ABDOMEN W/CONTRAST		
<input type="checkbox"/> MRA ABDOMEN W & W/O CONTRAST	C8902	
<input type="checkbox"/> MRA HEAD W/O CONTRAST	70544	
<input type="checkbox"/> MRA LOWER EXTREMITY W & W/O CONTRAST	C8914	
<input type="checkbox"/> MRA NECK W/O CONTRAST	70547	
<input type="checkbox"/> MRA NECK W & W/O CONTRAST	70549	
<input type="checkbox"/> MRA RENAL ARTERY W & W/O CONTRAST	C8902	
<input type="checkbox"/> LOWER EXTREMITY: SPECIFY _____		
<input type="checkbox"/> UPPER EXTREMITY: SPECIFY _____		
NUCLEAR MEDICINE		
<input type="checkbox"/> BONE SCAN TOTAL BODY	78306	

NUCLEAR MEDICINE <i>continued</i>		
<input type="checkbox"/> BONE SCAN 3-PHASE	78315	
<input type="checkbox"/> GALLIUM SCAN	78802	
<input type="checkbox"/> GASTRIC EMPTYING	78264	
<input type="checkbox"/> GI BLEED SCAN	78278	
<input type="checkbox"/> HIDA SCAN	78223	
<input type="checkbox"/> HIDA SCAN W/CCK	78223	
<input type="checkbox"/> I-123 THYROID (UPTAKE/SCAN)	78006	
<input type="checkbox"/> I-131 THERAPY	79005	
<input type="checkbox"/> I-131 WHOLE BODY SCAN	78018	
<input type="checkbox"/> WBC LOCALIZATION	78806	
<input type="checkbox"/> LIVER SPECT	78205	
<input type="checkbox"/> LIVER/SPLEEN SCAN	78215	
<input type="checkbox"/> VQ LUNG SCAN	78588	
<input type="checkbox"/> LUNG SCAN W/QUANT DIFF	78596	
<input type="checkbox"/> LYMPHOSCINTIGRAPHY	78195	
<input type="checkbox"/> MECKELS SCAN	78290	
<input type="checkbox"/> MUGA	78472	
<input type="checkbox"/> MYOCARDIAL PERFUSION MULTI	78452	
<input type="checkbox"/> OCTREOTIDE SCAN	78802	
<input type="checkbox"/> PARATHYROID	78070	
<input type="checkbox"/> RENAL SCAN	78707	
<input type="checkbox"/> RENAL SCAN W/CAPTAPRIL	78709	
<input type="checkbox"/> RENAL SCAN W/LASIX	78708	
<input type="checkbox"/> TECHNESIUM THYROID	78010	
<input type="checkbox"/> OTHER:		
ULTRASOUND		
<input type="checkbox"/> ABDOMEN	76700	
<input type="checkbox"/> AORTA	76770	
<input type="checkbox"/> BIOPHYSICAL PROFILE	76818	
<input type="checkbox"/> BREAST: ___ R ___ L ___ B	76645	
<input type="checkbox"/> CRANIAL	76506	
<input type="checkbox"/> EXTREMITY NONVASCULAR (R/L)	76880	
<input type="checkbox"/> GALLBLADDER/PANCREAS	76705	
<input type="checkbox"/> KIDNEYS/RENAL	76770	
<input type="checkbox"/> LIVER	76705	
<input type="checkbox"/> OB CPT _____		
<input type="checkbox"/> PARACENTESIS	49080	
<input type="checkbox"/> PELVIS - NON OB	76856	
<input type="checkbox"/> SPINE	76800	
<input type="checkbox"/> TESTICULAR/SCROTUM	76870	
<input type="checkbox"/> THORACENTESIS	32421	
<input type="checkbox"/> THYROID	76536	
<input type="checkbox"/> BIOPSY/OTHER: SPECIFY _____		



FOR INFORMATION CALL: 706-389-3000 OR 1-800-233-STMH



(map is not to scale)