

CENTRAL CAROLINA HOSPITAL

ORDERS MAY BE FAXED TO CCH
PRE-REGISTRATION DEPT.
FAX# (919) 774-2276

IMAGING ORDER FORM

ROUTINE STAT SEND IMAGES W/PT

Patient Instructions: Please call 708-4660 to pre-register.

PATIENT NAME LAST FIRST MI		SEX	DATE OF BIRTH	APPOINTMENT DATE AND TIME
REASON FOR TEST/PROCEDURE OR DIAGNOSIS		PATIENT PHONE NUMBER HOME WORK		CELL
		AUTHORIZATION NUMBER(S) FOR EACH PROCEDURE		
		DATE OF CREATININE	CREATININE	

VO / TO
Read Back

By: _____

SPECIAL INSTRUCTIONS/COMMENTS _____

PROVIDER'S NAME (PRINT) _____ OFFICE PHONE # _____

PROVIDER'S SIGNATURE _____ DATE _____ * Fax Results To: _____

TIME _____ * All Results Will Be Faxed

SIGNATURE STAMP NOT ACCEPTED

FOR TESTS WITH AN * PLEASE CALL 919-774-2157 TO SCHEDULE PATIENTS HAVING CONTRAST STUDIES SHOULD BRING A LIST OF ALL CURRENT MEDICATIONS. STUDIES WITH CONTRAST MAY REQUIRE CREATININE - ORDER FOR STUDY ALSO AUTHORIZES CREATININE IF PRIOR CREATININE IS NOT AVAILABLE @ APPOINTMENT TIME.

X	PROCEDURE	CPT	X	PROCEDURE	CPT	X	PROCEDURE	CPT	X	PROCEDURE	CPT	
7145 CT												
CT - HEAD AND NECK			CT - EXTREMITIES - SPECIFY LEFT OR RIGHT & AREA			US - MISC.			MRI - SPINE			
	*HEAD/BRAIN WO CM	70450		*UPPER EXTREMITY WO CM RT LT	73200		*OPHTHALMIC A-MODE ECHO	76511		*CERVICAL WO CM	72141	
	*HEAD/BRAIN W CM	70460		*UPPER EXTREMITY W CM RT LT	73201		*SCROTUM	76870		*CERVICAL W CM	72142	
	*HEAD/BRAIN WO / W CM	70470		*UPPER EXTREMITY WO/WCM RT LT	73202		*SPINAL CANAL	76800		*CERVICAL WO / W CM	72156	
	*ORBITS/SELLA/IAC WO CM	70480		*LOWER EXTREMITY WO CM RT LT	73700		*INFANT HEAD ECHO	76506		*THORACIC WO CM	72146	
	*ORBITS/SELLA/IAC W CM	70481		*LOWER EXTREMITY W CM RT LT	73701		*INFANT HIPS DYNAMIC	76885		*THORACIC W CM	72147	
	*ORBITS/SELLA/IAC WO / W CM	70482		*LOWER EXTREMITY WO/WCM RT LT	73702		*ARTERIAL/VENOUS FLOW ABD COMP	93975		*THORACIC WO / W CM	72157	
	*SINUS WO CM	70486					*ARTERIAL/VENOUS FLOW ABD LTD	93976		*LUMBAR WO CM	72148	
	*SINUS W CM	70487		CT - CTA			*EXTREMITY NON-VASC COMPLET	76881		*LUMBAR W CM	72149	
	*SINUS WO / W CM	70488		*CTA ABD LE RO W CM	75635		*MISC US PROCEDURE	76999		*LUMBAR WO / W CM	72158	
	*MAXILLOFACIAL WO CM	70486		*CTA ABD LE RO WO/W CM	75635		US - ACCESS, BIOPSY, DRAINAGE			MRI - EXTREMITIES SPECIFY LEFT OR RIGHT & AREA		
	*MAXILLOFACIAL W CM	70487		*CTA HEAD W WM	70496		PATIENT MUST ALSO BE SCHEDULED WITH OP SURGERY FOR PRE AND POST PROCEDURE ASSESSMENT				*UPPER EXTREMITY NONJNT WO CM	RT LT 73218
	*MAXILLOFACIAL WO / W CM	70486		*CTA ABDOMEN WO/W DM	74175					*UPPER EXTREMITY NONJNT W CM	RT LT 73219	
	*SOFT TISSUE NECK WO CM	70490		*CTA ABDOMEN/PELVIS WO/W CM	74174					*UPPER EXTREMITY NONJNTWO/WCM	RT LT 73220	
	*SOFT TISSUE NECK W CM	70491		*CTA ABD W CM	74175		*PICC LINE / GUIDE VASCULAR ACCES	76937		*UPPER EXTREMITY JNT WO CM	RT LT 73221	
	*SOFT TISSUE NECK WO/W CM	70492		*CTA NECK W CM	70498		*CYST ASPIRATION /NEEDLE GUID. BIOPSY SPECIFY AREA OF INTEREST:			*UPPER EXTREMITY JNT W CM	RT LT 73222	
				*CTA HEAD WO/W CM	70496					*UPPER EXTREMITY JNT WO / W CM	RT LT 73223	
				*CTA NECK WO/W CM	70498					*LOWER EXTREMITY NONJNT WO CM	RT LT 73718	
				*CTA PELVIS WO/W CM	72191					*LOWER EXTREMITY NONJNT W/WCM	RT LT 73720	
	CT - CHEST			*CTA UP EXT WO / W CM	RT LT 73206		*ABSCCESS DRAINAGE SPECIFY AREA OF INTEREST:			*LOWER EXTREMITY JNT WO CM	RT LT 73721	
	*CHEST WO CM	71250		*CTA LOWER EXT WO / W CM	RT LT 73706			75989		*LOWER EXTREMITY JNT W CM	RT LT 73722	
	*CHEST W CM	71260		*CTA UP EXT W CM	RT LT 73206					*LOWER EXTREMITY JNT WO / W CM	RT LT 73723	
	*CHEST PE PROTOCOL = CTA CHEST W CM	71275					*THORACENTESIS	75989				
	*CHEST - HIGH RESOLUTION = CHEST WO CM	71250		CT - BIOPSY, DRAINAGE, MISC.			*PARACENTESIS	49083				
				PATIENT MUST ALSO BE SCHEDULED WITH OP SURGERY FOR PRE AND POST PROCEDURE ASSESSMENT						MRI - BREAST		
	CT - ABDOMEN & PELVIS						7160 NUCLEAR MEDICINE			*BREAST UNI WO / W CM	77058	
	<small>STUDIES IN THIS CATEGORY THAT APPEAR UNDERLINED AND IN BOLD ITALICS REQUIRE THE PATIENT TO DRINK AN ORAL CONTRAST PREP AT LEAST 90 MINUTES PRIOR TO APPOINTMENT TIME.</small>						*THYROID IMAGING ONLY	78010		*BREAST BILAT WO CM	77059	
	*ABDOMEN & PELVIS WO CM	74176					*PARATHYROID IMAGING	78070		*BREAST BILAT WO/W CM	77059	
	*ABDOMEN & PELVIS W CM	74177					*BONE SCAN LIMITED	78300		*MRI BREAST NEEDLE LOC	RT LT 77021	
	*ABDOMEN & PELVIS WO / W CM SEE NOTE 1 BELOW	74178		CT ABSCCESS DRAINAGE SPECIFY AREA OF INTEREST:			*BONE SCAN WHOLE BODY	78306		*MRI BREAST BIOPSY	RT LT 19102	
	*RENAL STONE PROTOCOL = ABDOMEN & PELVIS WO CM NO ORAL CM	74176			75989		*BONE IMAG 3 PHASE STUDY	78315		MRI - MRA ANGIOGRAPHY		
	*ENTEROGRAPHY = ABDOMEN & PELVIS W CM	74177		*CT NEEDLE BIOPSY: SPECIFY AREA OF INTEREST:			*GI BLOOD LOSS	78278		*MRA ABDOMEN W CM	74185	
					77012		*HEPATOBIILIARY	78226		*MRA ABDOMEN WO / W CM	74185	
				*CT LTD OR LOC F/U STUDY	76380		*HEPATOBIILIARY W EJECT. FRACTION	78227		*MRA HEAD WO CM	70544	
				PERCUTANEOUS NEPHROSTOMY	74475		*LUNG VQ - VENT&PERF	78582		*MRA NECK / CAROTID WO CM	70548	
	7146 ULTRASOUND						*MECKLES / INTESTINE IMAGING	78290		*MRA LOWER EXTREMITY W CM	RT LT 73725	
	US - NECK, CHEST, ABDOMEN, PELVIS						*MYOCARDIAL WM EF REST OR STRESS	78451		*MRA PELVIS W CM	72198	
	*ABD LTD SINGLE/QUAD/FU/GALLBLADDER	76705					*MYOCARDIAL WM EF REST & STRESS	78452				
	*ABDOMEN COMP. LIVER/PANCREAS	76700					*MUGA / CARDIAC BLOOD POOL	78472				
	*CHEST & OR MEDIASTINUM	76604					*RENAL FLOW / FUNCTION W/O PHARM	78707				
	*AAA MEDICARE SCREEN	G0389					*RENAL FLOW / FUNCTION W/W PHARM	78709				
	*AORTA / RETROPERITONEAL LTD	76775					*RENAL FLOW / FUNCTION W/O PHARM	78709				
	*RETROPERITONEAL LTD	76775					*SENTINEL NODE - INJECTION PROCEDURE	38792		MISC.		
	*RETROPERITONEAL COMP	76770								*MODERATE SEDATION REQUIRED - MUST BE SCHEDULED WITH OPS AND ANESTHESIA ALSO.		
	*PELVIS COMPLETE	76856					7154 MRI			*MRI MISC PROC	76498	
	*TRANSVAGINAL IF NEEDED PLEASE PRE-CERT BOTH	76830					MRI - HEAD, FACE AND NECK					
	*PELVIS LTD/FU	76857					*BRAIN WO CM	70551				
	*TRANSVAGINAL NOT OB	76830					*BRAIN W CM	70552				
	*SOFT TISSUE HEAD / NECK	76536					*BRAIN WO / W CM	70553				
	*THYROID	76536					*ORBIT/FACE/NECK WO CM	70540				
							*ORBIT/FACE/NECK W CM	70542				
							*ORBIT/FACE/NECK WO / W CM	70543				
							*TMJ	70336				
	CT - SPINE			US - OB			MRI - ABDOMEN & PELVIS					
	*CERVICAL WO CM	72125		*OB COMP<14WKS 1GEST.	76801		*ABDOMEN WO CM	74181				
	*CERVICAL W CM	72126		*OB TRANSVAGINAL IF NEEDED PLEASE PRE-CERT BOTH	76817		*ABDOMEN W CM	74182				
	*CERVICAL WO / W CM	72127		*OB COMP<14WK EACH ADD GEST.	76802		*ABDOMEN WO / W CM	74183				
	*THORACIC WO CM	72128		*OB COMP>14WK 1 GEST	76805		*MRCP = ABDOMEN WO CM	74181				
	*THORACIC W CM	72129		*OB COMP>14WK ADD GES	76810		*PELVIS WO CM	72195				
	*THORACIC WO / W CM	72130		*OB F/U PER FETUS	76816		*PELVIS W CM	72196				
	*LUMBAR WO CM	72131		*OB TRANSVAGINAL	76817		*PELVIS WO / W CM	72197				
	*LUMBAR W CM	72132										
	*LUMBAR WO / W CM	72133										

NOTE 1 - WO / W CM STUDIES OF ABD. SHOULD ONLY BE ORDERED FOR THE FOLLOWING: FU BLADDER CA., JAUNDICE, OBSTRUCTIVE VOIDING ISSUES, RECURRENT FEMALE UTI, HEMATURIA, RENAL MASS, RENAL CELL CA, ACUTE PYELONEPHRITIS.

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DIAGNOSTIC RADIOLOGY ORDER FORM

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PATIENT NAME LAST FIRST MI	SEX	DATE OF BIRTH	APPOINTMENT DATE AND TIME
REASON FOR TEST/PROCEDURE OR DIAGNOSIS	PATIENT PHONE NUMBER HOME	WORK	CELL
AUTHORIZATION NUMBER(S) FOR EACH PROCEDURE			
DATE OF CREATININE		CREATININE	

VO / TO
Read Back <input type="checkbox"/>
By: _____

SPECIAL INSTRUCTIONS/COMMENTS _____

PROVIDER'S NAME (PRINT) _____ OFFICE PHONE # _____

PROVIDER'S SIGNATURE _____ DATE _____ * Fax Results To: _____

SIGNATURE STAMP NOT ACCEPTED

TIME _____ * All Results Will Be Faxed

FOR TESTS WITH AN * PLEASE CALL 919-774-2157 TO SCHEDULE
X PLEASE REMEMBER TO SPECIFY LEFT OR RIGHT, AND AREA IF APPLICABLE!
+ STUDY MAY REQUIRE CREATININE - ORDER AUTHORIZES CREATININE IF INDICATED

X	PROCEDURE	CPT	X	PROCEDURE	CPT	X	PROCEDURE	CPT
	4140 RADIOLOGY-DIAGNOSTIC			PELVIC GIRDLE			UPPER EXTREMITY	
	* STUDIES MUST BE SCHEDULED			PELVIS 1 VIEW	72170		HUMERUS 2 VIEW MINIMUM RT LT	73060
	HEAD AND NECK			SACROILIAC JOINTS	72202		<input type="checkbox"/> <input type="checkbox"/>	
	MANDIBLE 4VW MIN	70110		SACRUM COCCYX 2 VWS	72220		ELBOW 2 VIEWS RT LT	73070
	FACIAL BONES 3VW MIN	70150		HIP UNILATERAL RT LT	73510		<input type="checkbox"/> <input type="checkbox"/>	
	ORBITS 4VW MIN	70200		HIP BILATERAL W / PELVIS	73520		FOREARM 2 VIEWS RT LT	73090
	NASAL BONES 3VW MIN	70160		HIPS /PELVIS INFANT	73540		<input type="checkbox"/> <input type="checkbox"/>	
	SINUSES 3 VW MIN	70220					WRIST 3 VIEWS MINIMUM RT LT	73110
	SKULL < 4 VIEWS	70250		LOWER EXTREMITY			<input type="checkbox"/> <input type="checkbox"/>	
	TM JOINTS BILATERAL	70330		FEMUR 2 VIEWS RT LT	73550		HAND 3 VIEWS MINIMUM RT LT	73130
	NECK SOFT TISSUE	70360		<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>	
	CHEST AND RIBS			KNEE RT LT	73560		FINGER(S) SPECIFY DIGIT(S) RT LT	73140
	CHEST 2 VW PA OR AP & LAT	71020		<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>	
	CHEST 2 VIEWS W/OBLIQUE	71022		KNEES/AP STANDING BILAT	73560		UPPER EXTREMITY INFANT RT LT	73092
	CHEST DECUBITUS VIEWS	71035		KNEE W / Tunnel or Patella RT LT	73562		12 MONTHS OR YOUNGER <input type="checkbox"/> <input type="checkbox"/>	
	RIBS UNILATERAL RT LT	71100		SPECIFY <input type="checkbox"/> <input type="checkbox"/>			GASTROINTESTINAL STUDIES	
	<input type="checkbox"/> <input type="checkbox"/>			TIBIA/FIBULA 2 VIEWS RT LT	73590		*ESOPHAGUS / BASW	74220
	RIBS UNILATERAL W/PA CXR RT LT	71101		<input type="checkbox"/> <input type="checkbox"/>			*SWALLOWING FUNCTION / MODIFIED SWALLOW / MUST BE SCHEDULED IN CONJUNCTION WITH SPEECH PATHOLOGIST	74230
	<input type="checkbox"/> <input type="checkbox"/>			LOWER EXT INFANT AP&LAT 12 MONTHS OR YOUNGER	73592		*UPPER GI	74240
	RIBS BILATERAL	71110		<input type="checkbox"/> <input type="checkbox"/>			*UPPER GI W/SMALL BOWEL	74245
	RIBS BILATERAL W/PA CXR	71111		ANKLE 3 VIEWS MINIMUM RT LT	73610		*SMALL BOWEL	74250
	STERNUM 2 VW MIN	71120		<input type="checkbox"/> <input type="checkbox"/>			*COLON BARIUM ENEMA	74270
	STERNOCLAVICULAR JNTS	71130		FOOT 3 VIEWS MINIMUM RT LT	73630		*COLON BARIUM ENEMA W/AIR	74280
				<input type="checkbox"/> <input type="checkbox"/>			*ERCP BILIARY&PANCREATIC	74330
	ABDOMEN			OS CALCIS / HEEL 2 VIEWS RT LT	73650		*T-TUBE CHOLANGIOGRAM	74305
	ABDOMEN SINGLE VIEW (KUB)	74000		<input type="checkbox"/> <input type="checkbox"/>			URINARY SYSTEM	
	ABDOMEN W/OBLIQUES	74010		TOE(S) SPECIFY DIGITS RT LT	73660		*IVP +	74400
	ABDOMEN FLAT W/UPRIGHT/DECUB	74020		<input type="checkbox"/> <input type="checkbox"/>			*CYSTOGRAM	74430
	ABDOMEN ACUTE / 3 WAY	74022		SCAPULA RT LT	73010		*VCUG	74455
	ABDOMEN/CHEST FOREIGN BODY SINGLE VIEW CHILD - NOSE TO RECTUM	76010		<input type="checkbox"/> <input type="checkbox"/>			*PERCUTANEOUS NEPHROSTOMY +	74475
	SPINE			SHOULDER 2VWS MINIMUM RT LT	73030		SPECIAL / MISC. STUDIES	
	CERVICAL SPINE	72050		<input type="checkbox"/> <input type="checkbox"/>			*HYSTEROSALPINGOGRAPHY	74740
	CERVICAL SPINE W FLEX & EXT	72052		ACROMIOCLAVICULAR JTS BIL.	73050		*FLUORO PICC LINE / CVA	77001
	THORACIC SPINE	72070					*FLUORO BX/ASP/INJ/GUIDE SPECIFY AREA	77002
	LUMBAR SPINE	72110					BONE AGE STUDIES	77072
	LUMBAR SPINE BENDING VIEWS	72120					BONE SURVEY COMPLETE - METS	77075
	SCOLIOSIS STUDY	72090					BONE SURVEY INFANT	77076
	*MYELOGRAM CERVICAL +	72240					JOINT SURVEY	77077
	*MYELOGRAM THORACIC +	72255					FISTULA-SINUS TRACT STDY	76080
	*MYELOGRAM LUMBAR +	72265					UNLISTED EXAMS SPECIFY	
	*MYELOGRAM 2 OR > REGIONS +	72270						
	14 YEARS OF AGE OR YOUNGER							
	Cervical Spine 2 views	72040						
	Lumbar Spine 2 views	72100						