

**Lawrenceville**  
2878 Five Forks Trickum Rd.  
Suite 1A  
Lawrenceville, GA 30044  
Call / Text : 678-730-4144  
Direct: 678-221-8000  
Fax: 678-387-2300



**REAGAN**  
**IMAGING CENTER**  
www.rmc.md  
www.reaganmedical.com

**Hamilton Mill**  
3685 Braselton Highway  
Suite 105  
Dacula, GA 30019  
Call / Text : 678-730-4144  
Direct: 678-221-8000  
Fax: 678-387-2300

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Patient's Contact Phone #: \_\_\_\_\_ ☐ Call patient to schedule appointment

Insurance Name: \_\_\_\_\_ Auth#: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

☐ STAT ☐ Report Only ☐ CD ☐ CALL REPORT TO: (NAME AND CELL#) \_\_\_\_\_

**For contrast studies only:** Creatinine: \_\_\_\_\_ GFR: \_\_\_\_\_ Date Drawn: \_\_\_\_\_ ☐ Do In-house Stat Creatinine before the study

*NR - Not Recommended			
CT PLEASE CIRCLE CPT CODE FOR IV CONTRAST OPTION	w/o IV	w/IV	w/ & w/o IV
<input type="checkbox"/> Head	70450	70460	70470
<input type="checkbox"/> Sinuses: Complete	70486	*NR	*NR
<input type="checkbox"/> Orbits: w/3D (+76376) <input type="checkbox"/> IAC <input type="checkbox"/> Temporal Bones <input type="checkbox"/> Mastoids	70480	70481	70482
<input type="checkbox"/> Max/Facial Bones w/3D (+76376) <input type="checkbox"/> Jaw/TMJ w/3D (+76376)	70486	70487	*NR
<input type="checkbox"/> Soft Tissue Neck	70490	70491	70492
<input type="checkbox"/> Spine: Cervical w/3D (+76376)	72125	72126	*NR
<input type="checkbox"/> Spine: Thoracic w/3D (+76376)	72128	72129	*NR
<input type="checkbox"/> Spine: Lumbar w/3D (+76376)	72131	72132	*NR
<input type="checkbox"/> Chest	71250	71260	71270
<input type="checkbox"/> Abdomen Only	74150	74160	74170
<input type="checkbox"/> Pelvis w/3D Bone Only (+76376)	72192	72193	72194
<input type="checkbox"/> Abdomen & Pelvis: ____yes oral contrast ____no oral contrast	74176	74177	74178
<input type="checkbox"/> Stone Protocol (no oral, no IV contrast)	74176	*NR	*NR
<input type="checkbox"/> Upper Extremity: (R/L _____) w/3D (+76376)	73200	73201	*NR
<input type="checkbox"/> Lower Extremity: (R/L _____) w/3D (+76376)	73700	73701	*NR
<input type="checkbox"/> Other			

CTA PLEASE CIRCLE CPT CODE FOR IV CONTRAST OPTION	w/o IV	w/IV	w/ & w/o IV
<input type="checkbox"/> Head/Brain	*NR	*NR	70496
<input type="checkbox"/> Neck/Carotid	*NR	*NR	70498
<input type="checkbox"/> Chest: ____PE Study (w/IV only 71275) ____Chest Aorta	*NR	*NR	71275
<input type="checkbox"/> Abdomen	*NR	*NR	74175
<input type="checkbox"/> Abdomen & Pelvis	*NR	*NR	74174
<input type="checkbox"/> Cardiac Calcium Score Only	75571	*NR	*NR
<input type="checkbox"/> Abdomen/Pelvis with Runoff (bilateral lower extremity +74174)	*NR	*NR	75635
<input type="checkbox"/> Upper Extremity: (R/L _____)	*NR	*NR	73206
<input type="checkbox"/> Other			

ULTRASOUND
<input type="checkbox"/> Carotid <input type="checkbox"/> Thyroid <input type="checkbox"/> Soft Tissue _____ (Body Part) <input type="checkbox"/> Scrotum
<input type="checkbox"/> Retro Complete ____ (renal/aorta) ____ (renal/bladder) <input type="checkbox"/> Retro Limited ____ (renal) ____ (aorta)
<input type="checkbox"/> Abdomen: ____ Complete ____ Limited ____ RUQ <input type="checkbox"/> AAA screen
<input type="checkbox"/> Breast: ____ Bilateral ____ Right ____ Left
<input type="checkbox"/> Pelvic/Transabdominal <input type="checkbox"/> Pelvic/Transvaginal
<input type="checkbox"/> Venous: ____ Bilateral ____ Right ____ Left ____ Upper ____ Lower
<input type="checkbox"/> Arterial w/ABI: ____ Bilateral ____ Right ____ Left ____ Upper ____ Lower
<input type="checkbox"/> Echocardiogram <input type="checkbox"/> EKG <input type="checkbox"/> Holter <input type="checkbox"/> Event Monitor <input type="checkbox"/> Mobile Telemetry
<input type="checkbox"/> Other

*NR - Not Recommended			
MRI PLEASE CIRCLE CPT CODE FOR IV CONTRAST OPTION	w/o IV	w/IV	w/ & w/o IV
<input type="checkbox"/> Metal Artifact Reduction Sequences: available			
<input type="checkbox"/> Brain <input type="checkbox"/> IAC <input type="checkbox"/> Pituitary	70551	*NR	70553
<input type="checkbox"/> Orbits <input type="checkbox"/> Face <input type="checkbox"/> Sinus <input type="checkbox"/> Neck soft tissue	70540	*NR	70543
<input type="checkbox"/> TMJ	70336	*NR	*NR
<input type="checkbox"/> Spine: Cervical	72141	*NR	72156
<input type="checkbox"/> Spine: Thoracic	72146	*NR	72157
<input type="checkbox"/> Spine: Lumbar	72148	*NR	72158
<input type="checkbox"/> Chest	71550	*NR	71552
<input type="checkbox"/> Abdomen <input type="checkbox"/> Kidney <input type="checkbox"/> Adrenal <input type="checkbox"/> MRCP	74181	*NR	74183
<input type="checkbox"/> Brach.Plex. R/L <input type="checkbox"/> Humerus R/L <input type="checkbox"/> Forearm R/L <input type="checkbox"/> Hand R/L	73218	*NR	73220
<input type="checkbox"/> Shoulder R/L <input type="checkbox"/> Elbow R/L <input type="checkbox"/> Wrist R/L	73221	*NR	73223
<input type="checkbox"/> Pelvis	72195	*NR	72197
<input type="checkbox"/> Pelvis attn: prostate w & w/o	*NR	*NR	72197
<input type="checkbox"/> Hip R/L <input type="checkbox"/> Knee R/L <input type="checkbox"/> Ankle/Mid/Hindfoot R/L	73721	*NR	73723
<input type="checkbox"/> Femur R/L <input type="checkbox"/> Tib/Fib R/L <input type="checkbox"/> Mid/Fore foot R/L <input type="checkbox"/> Fore foot/Toes R/L	73718	*NR	73720
<input type="checkbox"/> Other			

MRA PLEASE CIRCLE CPT CODE FOR IV CONTRAST OPTION	w/o IV	w/IV	w/ & w/o IV
<input type="checkbox"/> Head <input type="checkbox"/> Arterial <input type="checkbox"/> Venous	70544	*NR	*NR
<input type="checkbox"/> Neck	70547	*NR	70549
<input type="checkbox"/> Chest <input type="checkbox"/> Aorta	*NR	*NR	71555
<input type="checkbox"/> Abdomen <input type="checkbox"/> Aorta <input type="checkbox"/> Renal <input type="checkbox"/> Mesenteric <input type="checkbox"/> Venous	*NR	*NR	74185
<input type="checkbox"/> Abdomen / Pelvis with lower extremity Runoff (73725x2 / 72198)	*NR	*NR	74183
<input type="checkbox"/> Other			

NUCLEAR
<input type="checkbox"/> Nuclear Stress Test: w/Treadmill
<input type="checkbox"/> Nuclear Stress Test: w/Lexi (No Treadmill)
<input type="checkbox"/> Non Nuclear Treadmill Only
<input type="checkbox"/> 3 Phase Bone Scan <input type="checkbox"/> Whole Body Bone Scan <input type="checkbox"/> Limited Bone Scan
<input type="checkbox"/> Hida Scan
<input type="checkbox"/> Gastric Emptying
<input type="checkbox"/> Other

MAMMOGRAPHY		* Diagnostic mammography and / or breast Ultrasound is performed when medically necessary (ex: Level C / Level D dense breast and or BIRAD 0 etc)	
<input type="checkbox"/> 3D + 2D Screening Mammo*:	<u>          </u> Bilateral <u>          </u> Right <u>          </u> Left	<input type="checkbox"/> Implants	
<input type="checkbox"/> 3D + 2D Diganostic Mammo*:	<u>          </u> Bilateral <u>          </u> Right <u>          </u> Left	<input type="checkbox"/> Implants	
<input type="checkbox"/> Other			

\*Our advanced technology Pristina Dueta allows patients to control breast compression levels.

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Practice Name: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_