

**OUTPATIENT RADIOLOGY
ORDER FORM**

Patient Name: John Williams DOB: 06-16-1959
 Diagnosis/Symptoms: Lower and upper back pain ICD-9 Code: G89.29
 Date of Procedure: 09/09/2016 Time of Procedure: _____ Check in Time: _____

To schedule call centralized scheduling (972)579-4333. Some procedures only provided at the Irving location. Fax order to (214)820-7170.
 Check test and circle site(s) or contrast. If not listed, please specify under "other".

Patients: Registration requires your social security #, photo ID and insurance card(s). Please be prepared to pay any applicable copay and/or patient portion for test. Special patient instructions and preps are on the back of this form.

X-RAY

<input type="checkbox"/> Abdomen, 2 views	74010
<input type="checkbox"/> Acute Abdomen	74022
<input type="checkbox"/> Ankle	73610
<input type="checkbox"/> Bone Age	76020
<input type="checkbox"/> Bone Length	76040
<input type="checkbox"/> Cervical Spine	72050
<input type="checkbox"/> Chest, 2 views	71020
<input type="checkbox"/> Clavicle <input type="checkbox"/> Right <input type="checkbox"/> Left	73000
<input type="checkbox"/> Elbow <input type="checkbox"/> Right <input type="checkbox"/> Left	73080
<input type="checkbox"/> Femur	73550
<input type="checkbox"/> Fingers <input type="checkbox"/> Right <input type="checkbox"/> Left	73140
<input type="checkbox"/> Foot <input type="checkbox"/> Right <input type="checkbox"/> Left	73630
<input type="checkbox"/> Forearm <input type="checkbox"/> Right <input type="checkbox"/> Left	73090
<input type="checkbox"/> Hand <input type="checkbox"/> Right <input type="checkbox"/> Left	73130
<input type="checkbox"/> Hip, unilateral <input type="checkbox"/> Right <input type="checkbox"/> Left	73510
<input type="checkbox"/> Humerus <input type="checkbox"/> Right <input type="checkbox"/> Left	73060
<input type="checkbox"/> Knee, 2 views <input type="checkbox"/> Right <input type="checkbox"/> Left	73564
<input type="checkbox"/> KUB	74000
<input type="checkbox"/> Lumbar Spine	72110
<input type="checkbox"/> Metastatic Bone Survey	76061
<input type="checkbox"/> Nasal Bones	70160
<input type="checkbox"/> Pelvis	72170
<input type="checkbox"/> Ribs, unilateral <input type="checkbox"/> Right <input type="checkbox"/> Left	71100
<input type="checkbox"/> Sacrum and Coccyx	72220
<input type="checkbox"/> Shoulder <input type="checkbox"/> Right <input type="checkbox"/> Left	73030
<input type="checkbox"/> Sinuses, Complete	70220
<input type="checkbox"/> Skull	70260
<input type="checkbox"/> Thoracic Spine	72074
<input type="checkbox"/> Tib/Fib, 2 views <input type="checkbox"/> Right <input type="checkbox"/> Left	73590
<input type="checkbox"/> Toes	73660
<input type="checkbox"/> Wrist <input type="checkbox"/> Right <input type="checkbox"/> Left	73110
<input type="checkbox"/> Other: _____	

FLUORO

<input type="checkbox"/> Barium Enema	74280
<input type="checkbox"/> Barium Swallow	74220
<input type="checkbox"/> Hysterosalpingogram	74740
<input type="checkbox"/> Hysterosalpingogram for Essure	74740
<input type="checkbox"/> IVP	74415
<input type="checkbox"/> Modified Barium Swallow with Speech Evaluation (requires 2 diagnoses)	74230
<input type="checkbox"/> Small Bowel Series	74250
<input type="checkbox"/> Upper GI with Small Bowel Series	74245
<input type="checkbox"/> Upper GI	74241
<input type="checkbox"/> Voiding Urethrocystogram	74455
<input type="checkbox"/> Other: _____	

ULTRASOUND

<input type="checkbox"/> Abdomen (NPO)	76700
<input type="checkbox"/> Carotid	93880
<input type="checkbox"/> Gallbladder (NPO)	76705
<input type="checkbox"/> OB less than 14 weeks	76805
<input type="checkbox"/> Pelvic	76856
<input type="checkbox"/> Pregnancy Complete	76818
<input type="checkbox"/> Renal Doppler (NPO)	93975
<input type="checkbox"/> Renal Sonogram	76770
<input type="checkbox"/> Right Upper Quad (NPO)	76705
<input type="checkbox"/> Segmental Pressure	93922
<input type="checkbox"/> Testicular	93975
<input type="checkbox"/> Thyroid	76536
<input type="checkbox"/> Thyroid Biopsy	76942
<input type="checkbox"/> Transvaginal	76830
<input type="checkbox"/> Venous Doppler	93971
<input type="checkbox"/> <input type="checkbox"/> Upper <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Lower <input type="checkbox"/> Right <input type="checkbox"/> Left	
<input type="checkbox"/> Venous Doppler Bilateral	93970
<input type="checkbox"/> Other: _____	

NUCLEAR MEDICINE

<input type="checkbox"/> Bone Scan, 3 phase	78315
<input type="checkbox"/> Cisternogram	78630
<input type="checkbox"/> Gastric Emptying	78264
<input type="checkbox"/> GI Bleeding Study	78278
<input type="checkbox"/> Hida CCK	78223
<input type="checkbox"/> Liver	78206
<input type="checkbox"/> Lung Scan and Chest X-ray	78588/71020
<input type="checkbox"/> MUGA	78494
<input type="checkbox"/> OctreoScan and CT Chest/Abd/Pelvis	78804/71270/ 74170/72194
<input type="checkbox"/> w/wo contrast	
<input type="checkbox"/> Parathyroid & CT Soft Tissue	78070/70492
<input type="checkbox"/> Neck w/wo contrast	
<input type="checkbox"/> Prostatect & CT Pelvis	78804/79192
<input type="checkbox"/> w/o contrast	
<input type="checkbox"/> Renal with Lasix	78708
<input type="checkbox"/> Thyroid Scan/Uptake	78007
<input type="checkbox"/> Whole Body Bone Scan	78306
<input type="checkbox"/> Other: _____	

LAB

<input type="checkbox"/> Creatinine	
<input type="checkbox"/> Pregnancy, Serum, Qual	
<input type="checkbox"/> Other: _____	

MRI/MRA

<input type="checkbox"/> Check if you want the Radiologist to determine contrast usage per diagnosis and department protocol.	
<input type="checkbox"/> Brain w/o contrast	70551
<input type="checkbox"/> Brain w/wo contrast	70553
<input type="checkbox"/> C-spine w/o contrast	72141
<input type="checkbox"/> C-spine w/wo contrast	71552
<input type="checkbox"/> IAC's w/wo contrast	70553
<input type="checkbox"/> L-spine w/o contrast	72148
<input type="checkbox"/> L-spine w/wo contrast	72158
<input type="checkbox"/> MRA Abdomen/Renal/ SMA w/contrast	74183
<input type="checkbox"/> MRA Head	70544
<input type="checkbox"/> MRA Neck	70547
<input type="checkbox"/> MRCP	74181
<input type="checkbox"/> MRI Abdomen w/o Contrast	74181
<input type="checkbox"/> MRI Abdomen w/wo Contrast	74183
<input type="checkbox"/> MRV Superior Sagittal Sinus	70544
<input type="checkbox"/> Orbits w/wo contrast	70543
<input type="checkbox"/> Pelvis w/o contrast	72195
<input type="checkbox"/> Pelvis w/wo contrast	72187
<input type="checkbox"/> Pituitary w/wo contrast	70553
<input type="checkbox"/> T-spine w/o contrast	72146
<input type="checkbox"/> T-spine w/wo contrast	72157
<input checked="" type="checkbox"/> Other: <u>Lower back and upper back MRI</u>	

CT

<input type="checkbox"/> Abdomen w/o contrast	74150
<input type="checkbox"/> Abdomen w/wo contrast	74170
<input type="checkbox"/> Abdomen/Pelvis	74160/72193
<input type="checkbox"/> w/contrast	
<input type="checkbox"/> Cervical w/o contrast	72126
<input type="checkbox"/> Chest w/contrast	71260
<input type="checkbox"/> Chest w/o contrast	71250
<input type="checkbox"/> Coronal Sinus	70486
<input type="checkbox"/> CT Angiography: _____	
<input type="checkbox"/> CT Coronary	
<input type="checkbox"/> Extremity: _____	
<input type="checkbox"/> Head w/o contrast	70450
<input type="checkbox"/> Head w/wo contrast	70470
<input type="checkbox"/> Lumbar w/o contrast	72132
<input type="checkbox"/> Pelvis w/o contrast	72192
<input type="checkbox"/> Pelvis w/wo contrast	72194
<input type="checkbox"/> Soft Tissue Neck w/contrast	70491
<input type="checkbox"/> Spine	
<input type="checkbox"/> Thoracic w/o contrast	72128
<input type="checkbox"/> Other: _____	

Physician Signature: S. Ketha Electronically signed by: Sumana Ketha, M.D. Date: 09/09/2016 Time: 08:55
 Physician Printed Name (Signature Stamps are not acceptable): Sumana Ketha, M.D.

LEGEND: C-spine - Cervical Spine CT - Computed Tomography GI - Gastrointestinal IAC - Internal Auditory Canal L-spine - Lumbar Spine MRA - Magnetic Resonance Angiography
 MRCP - Magnetic Resonance Cholangiopancreatography MRI - Magnetic Resonance Imaging MRV - Magnetic Resonance Venography MUGA - Multi gated Acquisition NPO - Nothing by
 mouth SMA - Superior Mesenteric Artery Tib/Fib - Tibula and Fibula T-spine - Thoracic spine w/ - With w/o - Without w/wo - With and without

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BAYLOR MEDICAL CENTER AT IRVING
IRVING, TEXAS



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