



**\*\*\*Patient May Need To Pick Up Oral Prep\*\*\***

Patient Name \_\_\_\_\_ DOB \_\_\_\_\_ Weight \_\_\_\_\_ Appt. Date/Time \_\_\_\_\_  
 Patient Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Insurance \_\_\_\_\_ Policy # \_\_\_\_\_ Group # \_\_\_\_\_  
 Ins. Subscriber/DOB \_\_\_\_\_ Relation to Patient \_\_\_\_\_  
 Pre-Auth Required: Y \_\_\_ N \_\_\_ Pre-Auth# \_\_\_\_\_ Packet Given: Y \_\_\_ N \_\_\_  
 Reason for Exam \_\_\_\_\_

**Please fax BUN/Creatinine, or send patients over 60 to lab for BUN/Creatinine a day prior to CT**

Exam	CPT	Exam	CPT
<input type="checkbox"/> Abdomen with contrast	74160	<input type="checkbox"/> Chest with contrast	71260
<input type="checkbox"/> Abdomen without contrast	74150	<input type="checkbox"/> Chest without contrast	71250
<input type="checkbox"/> Abdomen without and with contrast	74170		
<input type="checkbox"/> Pelvis with contrast	72193	<input type="checkbox"/> Hi-Resolution Chest with contrast	71260
<input type="checkbox"/> Pelvis without contrast	72192	<input type="checkbox"/> Hi-Resolution Chest without contrast	71250
<input type="checkbox"/> Abdomen/Pelvis with contrast	74177	<input type="checkbox"/> Acetabulum (Hip) without contrast	72192
<input type="checkbox"/> Abdomen/Pelvis without contrast	74176	<input type="checkbox"/> Upper Extremity with contrast	73201
<input type="checkbox"/> Abdomen/Pelvis without and with contrast	74178	<input type="checkbox"/> Upper Extremity without contrast	73200
<input type="checkbox"/> Chest/Abdomen/Pelvis with contrast	74177 71260	<input type="checkbox"/> CT Shoulder Arthrogram L__ R__	73201 73040 23350
<input type="checkbox"/> Chest/Abdomen/Pelvis without contrast	74176 71250	<input type="checkbox"/> Limited CT exam: Location _____	76380
<input type="checkbox"/> Chest with, Abdomen/Pelvis without and with contrast	74178 71260	<input type="checkbox"/> Lower Extremity without contrast	73700
<input type="checkbox"/> CT Angio Chest (including for PE)	71275	<input type="checkbox"/> Lower Extremity with contrast	73701
<input type="checkbox"/> CT Angio Abdomen with contrast	74175	<input type="checkbox"/> Enteroclysis(CT Abd/Pelvis with Volumen)	74177
<input type="checkbox"/> CT Angio Abdomen and Pelvis w/contrast	74174	<input type="checkbox"/> CTA Heart and Arteries with Function	75574
<input type="checkbox"/> CT Angio Pelvis with contrast	72191	<input type="checkbox"/> Cardiac Scoring	75571
<input type="checkbox"/> CT Angio Abdomen with runoff	75635	CT Low Dose Chest-use CT Low Dose Requisition	
Exam	CPT	Exam	CPT
<input type="checkbox"/> Brain (Head) without contrast	70450	<input type="checkbox"/> Orbits with contrast	70481
<input type="checkbox"/> Brain (Head) with contrast	70460	<input type="checkbox"/> Cervical Spine without contrast	72125
<input type="checkbox"/> Brain (Head) without and with contrast	70470	<input type="checkbox"/> Cervical Spine with contrast	72126
<input type="checkbox"/> Neck Soft Tissue with contrast	70491	<input type="checkbox"/> Thoracic Spine without contrast	72128
<input type="checkbox"/> Neck Soft Tissue without contrast	70490	<input type="checkbox"/> Thoracic Spine with contrast	72129
<input type="checkbox"/> Sinuses without contrast	70486	<input type="checkbox"/> Lumbar Spine without contrast	72131
<input type="checkbox"/> Sinuses with contrast	70487	<input type="checkbox"/> Lumbar Spine with contrast	72132
<input type="checkbox"/> Facial Bones without contrast	70486	<input type="checkbox"/> Temporal Bones without contrast	70480
<input type="checkbox"/> Facial Bones with contrast	70487	<input type="checkbox"/> CT Angio Head with contrast	70496
<input type="checkbox"/> Orbits without contrast	70480	<input type="checkbox"/> CT Angio Neck with contrast	70498
<input type="checkbox"/> Other Exam: (Please Specify)		Contrast: <input type="checkbox"/> With <input type="checkbox"/> Without <input type="checkbox"/> With and Without	

**Wet Read** Y  N  Patient leave if negative? Y  N  Results will be faxed

**Physician Signature** \_\_\_\_\_ **Date** \_\_\_\_\_ **Time** \_\_\_\_\_