Augusta HEALTH	**Radiology Request- Diagnostic X-Ray** **Scheduling** 540-332-4400 **Fax** 540-332-4490

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 _____

Exam	CPT	Exam	CPT
☐ Abdomen Complete	74019	☐ AP Pelvis Standing ____ Supine ____	72170
☐ Abdomen Complete w/ PA Chest	74022	☐ Ribs-Bilateral with PA Chest	71111
☐ Ankle Complete L __ R __	73610	☐ Ribs with PA Chest L __ R __	71101
☐ Chest PA and Lateral	71046	☐ Scoliosis Study	72082
☐ Cervical Spine Complete	72050	☐ Shoulder Complete L __ R __	73030
☐ Cervical Spine 2-3 Views	72040	☐ Tibia/Fibula L __ R __	73590
☐ Elbow Complete L __ R __	73080	☐ Thoracic Spine AP, Lat, Swimmer's View	72072
☐ Femur 2+ views L __ R __	73551	☐ Toe(s) (3 or more, order foot) L __ R __ Specify toe(s) _____	73660
☐ Finger(s)(3 or more, order hand) L __ R __ Specify finger(s) _____	73140	☐ Wrist Complete L __ R __	73110
☐ Feet- AP Bilateral Arthritis 1 View	77077	**Fluoro Exams**	
☐ Foot Complete L __ R __	73630	☐ Barium Enema	74270
☐ Forearm L __ R __	73090	☐ Barium Enema with Air Contrast	74280
☐ Hand/Wrist- Bilateral Arthritis 2 Views	73120	☐ Barium Enema with Gastroview	74270
☐ Hand Complete L __ R __	73130	☐ Barium Swallow w Air Contrast	74221
☐ Hips- Bilateral with AP Pelvis	73523	☐ Modified Barium Swallow (with Speech)	74230
☐ Hip with AP Pelvis L __ R __	73502	☐ GI Series with Air Contrast	74246
☐ Humerus L __ R __	73060	☐ GI with Air Contrast with Small Bowel	74246, 74248
☐ IVP with Nephrotomography	74415		
☐ Knee Complete L __ R __	73562	☐ Hysterosalpingogram	74740
☐ KUB	74018	**Ordering doctor to perform test?** Y __ N __	58340
☐ Sitz Marker Study	74018	☐ Small Bowel Series	74250
☐ Lumbosacral Spine Complete Special instructions:	72110	☐ Voiding Cystourethrogram	74455 51600
☐ Lumbosacral Spine 2-3 Views Standing _____ Supine _____ Special instructions:	72100	☐ Shoulder Arthrogram L __ R __ **To be performed with MRI?** Yes ___ No ___ If yes, also pre-cert code 73222	77002, 23350

☐ Hip Joint Steroid Injection **L** ___ **R** ___ 77002, 20610

__Standard protocol for medium & large joint Injections: 1cc 40mg Depomedrol + 3cc Lidocaine 1%

__Standard protocol for small joint injections: 1cc 40mg Depomedrol + 1cc Lidocaine 1%

__Other: (include mg or % and ml)_____

☐ Other Exam: (Please specify)

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

Physician Signature_____ Date_____ Time _____