	Radiology Request- CT **Scheduling** 540-332-4400 **Fax** 540-332-4490

*****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
☐ Abdomen with contrast	74160	☐ Chest with contrast	71260
☐ Abdomen without contrast	74150	☐ Chest without contrast	71250
☐ Abdomen without and with contrast	74170		
☐ Pelvis with contrast	72193	☐ Hi-Resolution Chest with contrast	71260
☐ Pelvis without contrast	72192	☐ Hi-Resolution Chest without contrast	71250
☐ Abdomen/Pelvis with contrast	74177	☐ Acetabulum (Hip) without contrast	72192
☐ Abdomen/Pelvis without contrast	74176	☐ Upper Extremity with contrast	73201
☐ Abdomen/Pelvis without and with contrast	74178	☐ Upper Extremity without contrast	73200
☐ Chest/Abdomen/Pelvis with contrast	74177 71260	☐ CT Shoulder Arthrogram L__ R__	73201 77002 23350
☐ Chest/Abdomen/Pelvis without contrast	74176 71250	☐ Limited CT exam: Location ____________________	76380
☐ Chest with, Abdomen/Pelvis without and with contrast	74178 71260	☐ Lower Extremity without contrast	73700
☐ CT Angio Chest (including for PE)	71275	☐ Lower Extremity with contrast	73701
☐ CT Angio Abdomen with contrast	74175	☐ Enteroclysis(CT Abd/Pelvis with Volumen)	74177
☐ CT Angio Abdomen and Pelvis w/contrast	74174	☐ CTA Heart and Arteries with Function	75574
☐ CT Angio Pelvis with contrast	72191	☐ Cardiac Scoring	75571
☐ CT Angio Abdomen with runoff	75635	CT Low Dose Chest-use CT Low Dose Requisition	
Exam	**CPT**	**Exam**	**CPT**
☐ Brain (Head) without contrast	70450	☐ Orbits with contrast	70481
☐ Brain (Head) with contrast	70460	☐ Cervical Spine without contrast	72125
☐ Brain (Head) without and with contrast	70470	☐ Cervical Spine with contrast	72126
☐ Neck Soft Tissue with contrast	70491	☐ Thoracic Spine without contrast	72128
☐ Neck Soft Tissue without contrast	70490	☐ Thoracic Spine with contrast	72129
☐ Sinuses without contrast	70486	☐ Lumbar Spine without contrast	72131
☐ Sinuses with contrast	70487	☐ Lumbar Spine with contrast	72132
☐ Facial Bones without contrast	70486	☐ Temporal Bones without contrast	70480
☐ Facial Bones with contrast	70487	☐ CT Angio Head with contrast	70496
☐ Orbits without contrast	70480	☐ CT Angio Neck with contrast	70498
☐ Other Exam: (Please Specify)		Contrast: ☐ With ☐ Without ☐ With and Without	

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

Physician Signature_________________________________ Date__________________ Time _________