

USE BALL POINT PEN ONLY

FLUOROSCOPY STUDIES Order Form

Fax or Schedule see below

➤ **REQUIRED**

* Please arrive @ _____ for Registration

Your appt. date is: _____

Your appt. time is: _____

Diagnostic Imaging Hours:

Monday - Friday, 7:30am - 5:00pm

ROUTINE

STAT CALL REPORT # _____

STAT CALL REPORT-- PATIENT TO WAIT # _____

Bun/Creatinine Date Drawn: _____ **Results:** _____

Unless checked, all orders authorize a BUN/Creatinine test, contrast, and a pregnancy test if medically indicated.

➤ Pt. Name : <i>Last First Middle</i>	➤ Pt. D.O.B.	➤ Practitioner Signature	➤ Date: _____
Pt. Phone #: _____	Pt. Sex M or F	➤ Print Name of Practitioner	➤ Time: _____

BOTH Required	➤	Reason for Exam: _____
	➤	ICD 10 Code: _____

To schedule an appointment, please call 336-328-3333 option #7
M-Th 7:30am-6:00pm, Friday 7:30am-5pm
FAX 336-328-4415

✓ Exam	CPT	✓ Exam	CPT
Bone Densitometry	77080	ARTHROGRAMS	
BARIUM SWALLOW ← NPO AFTER MIDNIGHT	74220	ANKLE <input type="checkbox"/> R <input type="checkbox"/> L	73615/27648
MODIFIED BARIUM SWALLOW	74230	ELBOW <input type="checkbox"/> R <input type="checkbox"/> L	73085/24220
FOLLOW PREP INSTRUCTIONS		HIP <input type="checkbox"/> R <input type="checkbox"/> L	73525/27093
BE SINGLE CONTRAST (Barium Enema)	74270	KNEE <input type="checkbox"/> R <input type="checkbox"/> L	73580/27370
BE with AIR HIGH DENSITY	74280	SHOULDER <input type="checkbox"/> R <input type="checkbox"/> L	73040/23350
BE with GASTROGRAFIN	74270	WRIST <input type="checkbox"/> R <input type="checkbox"/> L	73115/25246
BE THRU COLOSTOMY	74270		

NPO AFTER MIDNIGHT		MYELOGRAMS - NPO 3 HOURS PRIOR	
SMALL BOWEL	74250	MYELOGRAM CERVICAL	72240/62284
UGI WITH KUB	74241	MYELOGRAM CERVICAL-LUMBAR	72270/62284
UGI WITH SMALL BOWEL	74245	MYELOGRAM CERVICAL-THORACIC	72270/62284
UGI WITH SMALL BOWEL HIGH DENSITY WITHOUT KUB	74249	MYELOGRAM CERVICAL-THORACIC-LUMBAR	72270/62284
UGI WITH KUB INFANT	74241	MYELOGRAM LUMBAR	72265/62284
UGI WITH SMALL BOWEL INFANT	74245	MYELOGRAM THORACIC	72255/62284
HYSTEROSALPINGOGRAM W/INJ DAY 7-10 FROM THE FIRST DAY OF THEIR CYCLE	74740/58340	MYELOGRAM THORACIC-LUMBAR	72270/62284
REGROGRADE URETHROGRAM	74455/51600		
VOIDING CYSTOURETHROGRAM WITH INJECTION	74455/51600		
LUMBAR PUNCTURE DIAGNOSTIC	62270		
EPIDURAL BLOOD PATCH	62273		
KNEE INJECTION/ASPIRATION	20610/77002		
HIP INJECTION/ASPIRATION	20610/77002		



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Last Reviewed 3/15/18
Fluoroscopy Order Form