

ROUTINE

REQUIRED

To **schedule** an appt. call 336-328-3333 option #7
M - Th 7:30am - 6:00pm Friday 7:30AM-5:00PM

STAT CALL REPORT # _____

For Pre-Registration call 336-328-3733
 Monday - Friday, 8:00AM - 6:00PM

STAT CALL REPORT-- PATIENT TO WAIT # _____

Pt. Name : Last First Middle	Pt. D.O.B.	Practitioner Signature	Date
Pt. Phone #:	Precert / Authorization #	Pt. Sex:	Time
Expires on:		Print Name of Practitioner	
		M or F	

BOTH Required

Reason for Exam: _____

ICD 10 Code : _____

Biopsies require nothing to eat or drink (NPO) 6 hrs prior to appointment time. **Reviewed with patient.**

List allergies: _____ BUN/Creatinine Date Drawn: _____

List Diabetic meds: _____ Results: _____

Please notify ordering practitioner if patient is allergic to IVP Dye or X-Ray Contrast.

⌘ All Angiography exams must have IV Contrast. ⌘ All patients 65 years and older or diabetics must have a current creatinine.

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

Access central line or port if present and use for administration of medications and fluids. Flush per protocol.

Do NOT access central line or port if present (if checked, this order prevents above order to access central line or port)

✓ Exam	CPT(s)	✓ Exam	CPT(s)	✓ Exam	CPT(s)
CT ROUTINE EXAMS		CT ANGIOGRAPHY EXAMS		CT SPINES	
ABDOMEN/ PELVIS W contrast	74177	ANGIO HEAD	70496	CERVICAL SPINE W/O contrast	72125
ABDOMEN WO contrast	74150	ANGIO NECK	70498	CERVICAL SPINE W/ contrast	72126
ABDOMEN W/contrast	74160	ANGIO CHEST	71275	T SPINE W/O contrast	72128
ABDOMEN WO/W contrast	74170	(PULMONARY EMBOLISM)		T SPINE W/ contrast	72129
ABDOMEN (LIVER)	74170	ANGIO CHEST	71275	L SPINE W/O contrast	72131
ABDOMEN (PANCREATIC PROTOCOL)	74170	ANGIO ABDOMEN W/ contrast	74175	L SPINE W/ contrast	72132
ABDOMEN/PELVIS (PANCREATITIS)	74177	ANGIO PELVIS	72191	CT BIOPSY (Reminder NPO)	
ABDOMEN/PELVIS W/O contrast	74176	ANGIO RUNOFF (BILAT LOWER EXTREMITIES)	75635	BIOPSY LUNG	32405 / 77012
ABDOMEN/PELVIS WO/W contrast	74178	ANGIO ABD/PELVIS	74174	BIOPSY LIVER	47000 / 77012
ENTEROGRAPHY	74177	ANGIO EXTREM UP-L	73206	BIOPSY RENAL	50200 / 77012
Urogram W/O contrast (Stone Study)	74176	ANGIO EXTREM UP-R	73206	BIOPSY PANCREAS	48108 / 77012
PELVIS W/O contrast	72192	ANGIO EXTREM LOW-L	73706	BIOPSY RETRO ABDOMEN	49180 / 77012
PELVIS W/ contrast	72193	ANGIO EXTREM LOW-R	73706	BIOPSY LYMPHNODES	38505 / 77012
PELVIS WO/W contrast	72194	CT EXTREMITY (SPECIFY AREA OF INTEREST)		BIOPSY BONE DEEP	20225 / 77012
CHEST W/O contrast	71250	EXTREM UP W/O contrast-L	73200	BIOPSY BONE SUPERFICIAL (EX. ILIEUM, STERNUM, RIB)	20240 / 77012
CHEST W/ contrast	71260	EXTREM UP W/O contrast-R	73200	DRAIN (SPECIFY AREA OF INTEREST)	10140 / 77012
Followup Lung Screening	71250	EXTREM UP W/contrast-L	73201	ASPIRATION (SPECIFY AREA OF INTEREST)	10160 / 77012
BRAIN W/O contrast	70450	EXTREM UP W/ contrast-R	73201	Ganglion Impar Block	64999/77012
BRAIN WO/W contrast	70470	EXTREM LOW W/O contrast-L	73700	CT CARDIAC EXAMS	
ORBIT/TEMPORAL W/O contrast	70480	EXTREM LOW W/O contrast-R	73700	CT CALCIUM SCORE (HEART W/O)	75571
ORBIT/TEMPORAL W/ contrast	70481	EXTREM LOW W/ contrast-L	73700	CTA CORONARY ARTERIES	75574
ORBIT/TEMPORAL WO/W contrast	70482	EXTREM LOW W/ contrast-R	73701	CT FFR	502T / 503T
MAXILLOFACIAL W/O contrast	70486			W = with W/O = without	
SINUS W/O contrast (Full Sinus)	70486				
SINUS LIMITED	76380				
NECK W contrast	70491				



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REVIEWED 04/11/2024

CT Scan Order Form