



**Radiology Order Form - Xray,  
Fluoro, Mammography, and  
Ultrasound**

**Diagnostic Imaging Department (307) 739-7675**

**Scheduling Requests (307) 739-7531**

**Fax Orders # 877-205-2024**

Patient Legal Name: \_\_\_\_\_ Date Ordered: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ DOB: \_\_\_\_\_ Male Female

Ordering Physician: \_\_\_\_\_ Pregnant? Yes No  
If Yes, EDC: \_\_\_\_\_

Indication for Procedure: \_\_\_\_\_ Physician Signature: \_\_\_\_\_

GENERAL RADIOLOGY	FLUOROSCOPY	ULTRASOUND
<p><b>Abdomen</b></p> <p>74017 XR Abdomen KUB 1 view _____</p> <p>74019 XR Abdomen Complete w decub and/or erect _____</p> <p>74022 XR Abdomen Series plus Chest 1 view _____</p> <p><b>Chest / Ribs</b></p> <p>71046 XR Chest 2 Views (PA &amp; Lat) _____</p> <p>71045 XR Chest 1 View Frontal _____</p> <p>71101 XR Ribs w/ PA Chest ___ R ___ L</p> <p>71111 XR Ribs w/ PA Chest Bilateral _____</p> <p><b>Head &amp; Neck</b></p> <p>70160 XR Nasal Bones 3+ Views _____</p> <p>70150 XR Facial Bones 3+ Views _____</p> <p>70360 XR Neck Soft Tissue _____</p> <p><b>Spine &amp; Pelvis</b></p> <p>72050 XR Spine Cervical 4 or 5 Views _____</p> <p>72040 XR Spine Cervical 2 or 3 Views _____</p> <p>72072 XR Spine Thoracic 3 Views _____</p> <p>72110 XR Spine Lumbar 2 or 3 Views _____</p> <p>72220 XR Sacrum/Coccyx 2 + Views _____</p> <p>72081 XR Scoliosis 1 View _____</p> <p><b>Lower Extremity (specify R or L)</b></p> <p>77073 XR Bone Length ___ R ___ L</p> <p>73522 XR Hips 2 Views Bilateral _____</p> <p>73502 XR Hip 2-3 w/ Pelvis ___ R ___ L</p> <p>73502 XR Hip 2-3 View ___ R ___ L</p> <p>73550 XR Femur 2 View ___ R ___ L</p> <p>73564 XR Knee 4 + View ___ R ___ L</p> <p>73560 XR Knee 1 or 2 View ___ R ___ L</p> <p>73590 XR Tibia/Fibula ___ R ___ L</p> <p>73610 XR Ankle Complete ___ R ___ L</p> <p>73630 XR Foot Complete ___ R ___ L</p> <p>73650 XR Calcaneous ___ R ___ L</p> <p>73660 XR Toe(s) ___ R ___ L</p> <p>specify digit: _____</p> <p><b>Upper Extremity (specify R or L)</b></p> <p>73000 XR Clavicle ___ R ___ L</p> <p>73030 XR Shoulder Comp ___ R ___ L</p> <p>73060 XR Humerus ___ R ___ L</p> <p>73080 XR Elbow Complete ___ R ___ L</p> <p>73090 XR Forearm 2 views ___ R ___ L</p> <p>73110 XR Wrist Complete ___ R ___ L</p> <p>73130 XR Hand Complete ___ R ___ L</p> <p>73140 XR Finger (s) ___ R ___ L</p> <p>specify digit: _____</p>	<p>73525 XR Arthrogram Injection SI Hip ___ R ___ L</p> <p>73580 XR Arthrogram Injection SI Knee ___ R ___ L</p> <p>73040 XR Arthrogram Injection SI Shoulder ___ R ___ L</p> <p>73115 XR Arthrogram Injection SI Wrist ___ R ___ L</p> <p>62304 XR Myelogram Lumbar Spine ___ R ___ L</p> <p>62303 XR Myelogram Thoracic Spine ___ R ___ L</p> <p>62302 XR Myelogram Cervical Spine ___ R ___ L</p> <p>62305 XR Myelogram multiple levels ___ R ___ L</p> <p>specify: _____</p> <p>*for myelograms with CT use CT order form</p> <p>74740 XR Hysterosalpingogram ___ R ___ L</p> <p>74220 XR Esophagus ___ R ___ L</p> <p>74230 XR Swallowing Function w/ speech ___ R ___ L</p> <p>74247 XR Upper GI w/ Air contrast ___ R ___ L</p> <p>74241 XR Upper GI ___ R ___ L</p> <p>74249 XR Upper GI w/ small bowel ___ R ___ L</p> <p>74250 XR Small bowel w/ multiple series ___ R ___ L</p> <p>74280 XR Barium Enema w/ Air complete ___ R ___ L</p> <p>74270 XR Barium Enema Complete ___ R ___ L</p>	<p>76700 US Abdominal Complete</p> <p>76705 US Abdominal Limited specify: _____</p> <p>76705 US Gallbladder</p> <p>76770 US Retroperitoneal Complete (Renal)</p> <p>76706 US Aorta</p> <p>76856 US Pelvis Complete w/ transvag if indicated</p> <p>76830 US Transvaginal non-OB</p> <p>76801 US OB less thn 14 weeks</p> <p>76805 US OB Greater than 14 weeks</p> <p>76815 US OB Limited</p> <p>76816 US OB Follow Up</p> <p>76817 US OB Transvaginal</p> <p>76813 US OB Nuchal Measure 1st trim</p> <p>76870 US Scrotum (contents)</p> <p>76536 US Thyroid</p> <p>10005 US Fine Needle aspiration Thyroid Gland</p> <p>60100 US Thyroid Biopsy</p> <p>93306 US Echo 2D Complete (with contrast if indicated)</p> <p>93308 US Echo Complete w/ Bubble Study</p> <p>93880 US Carotid Duplex ___ R ___ L</p> <p>76882 US Extremity Non-Vascular specify: _____ R ___ L</p> <p>93922 US Ankle Brachial Index w/exercise ___ R ___ L</p> <p>93971 US Lower Ext Venous Duplex specify: _____ R ___ L</p> <p>93965 US Venous Reflux ___ R ___ L</p> <p>76885 US Infant Hips ___ R ___ L</p> <p>49083 US Paracentesis ___ R ___ L</p> <p>76642 US Breast Limited ___ R ___ L</p> <p>*see breast diagram for diagnostics</p> <p>19083 US Breast Biopsy w/ US guidance specify: _____ R ___ L</p> <p>19000 US Breast Cyst aspiration specify: _____ R ___ L</p>
	<p><b>MAMMOGRAPHY/ DEXA</b></p> <p>77067 MG Mammo Digital Screening</p> <p>77066 MG Mammo Digital Diagnostic *see breast diagram for diagnostics</p> <p>77065 MG Mammo Digital Diagnostic-Uni ___ R ___ L</p> <p>19081 MG Breast Biopsy w/ Stereo guide ___ R ___ L</p> <p>77080 BD Bone Density DEXA Axial</p>	
	<p><b>OTHER</b></p> <p>77072 XR Bone Age</p> <p>77073 XR Bone Length</p> <p>74018 XR Sitz Marker</p> <p>76000 XR Sniff Test</p> <p>77077 XR Joint Survey 1 View 2+ joints</p>	
		<p><b>Unlisted Exams / Comments</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>NOTE: FOR STRESS STUDIES; ECHO OR MYOCARDIAL PERFUSION SEE RADIOLOGY ORDERS. **IF YOU WOULD LIKE MEDICATIONS INJECTED SUCH AS STEROIDS YOU MUST SEND A PHARMACY PRESCRIPTION AS WELL.</p>