



Radiology Order Form - CT, MRI, NM, and PET

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: _____

Appropriate Use Criteria Information is Required for these orders.

AUC Indication for Procedure (ICD-10): _____ **Physician Signature:** _____

AUC Decision Support Number: _____

CT and MRI IV contrast alerts: Contrast allergy? YES NO

Appropriateness Score: _____

High Risk: A creatinine is required within 30 days if: Age 60 years or older or any of the following; kidney disease, prior renal surgery, diabetic, paraproteinemia syndroms or disease, collagen vascular disease, chronic or high dose use of non-steroidal anti-inflammatory drugs, regular use of nephrotoxic medications

Qualified CDSM utilized (HCPCS Code): _____

AUC(HCPCS) Modifier: _____ ** or attach printed Decision Support information

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Appropriate-Use-Criteria-Program/CDSM>

| CT SCAN *see IV contrast high risk | MRI *see IV contrast and MRI safety | NUCLEAR MEDICINE |
|---|---|---|
| aler 74176 CT Abdomen and Pelvis w/o contrast 74177 CT Abdomen and Pelvis w contrast 74175 CT Angio Abdomen 72191 CT Angio Pelvis 75635 CT Angio Abd Aorta +Iliofemoral 47000 CT Biopsy Liver 70450 CT Brain/Head w/o contrast 70496 CT Angio BreaIn/Head 70486 CT Sinus w/o contrast 70486 CT Maxillofacial w/o contrast 70491 CT Neck Soft Tissue w Contrast 70498 CT Angio Neck 71250 CT Chest w/o Contrast High Res. __ 71260 CT Chest w contrast 71275 CT Angio Pulmonary 71275 CT Angio Chest 75571 CT Heart Calcium Scoring 75574 CT Heart + Eval w/ contrast 32408 CT Biopsy Lung/Mediastinum 73200 CT Upper Extremity specify: _____ R ___ L 73700 CT Lower Extremity specify: _____ R ___ L 72125 CT Spine Cervical w/o contrast 72131 CT Spine Lumbar w/o contrast 72128 CT Spine Thoracic w/o contrast Post Myelogram CT w/ contrast orders 62304 XR Myelogram Lumbar Spine 72132 CT Spine Lumbar w/ post myelo 62303 XR Myelogram Thoracic Spine 72129 CT Spine Thoracic w/ post myelo 62302 XR Myelogram Cervical Spine 72126 CT Spine Cervical w/ post myelo 62305 XR Myelogram multiple levels specify: _____ | 70551 MRI Brain w/o contrast 70553 MRI Brain w +w/o contrast 70544 MRA Brain/Head w/o 70548 MRA Neck w contrast 71552 MRA Chest w/ + w/o Contrast 70336 MRI TMJ 71550 MRI Brachial Plexus w/o contrast 72141 MRI Spine Cervical w/o 72156 MRI Spine Cervical w + w/o contrast 72146 MRI Spine Thoracic w/o 72157 MRI Spine Thoracic w + w/o contrast 72148 MRI Spine Lumbar w/o 72158 MRI Spine Lumbar w + w/o contrast 72148 MRI Lumbar Plexus w/o contrast 72195 MRI Pelvis w/o 72197 MRI Pelvis w + w/o contrast 72195 MRI Prostate w + w/o contrast 70543 MRI Face/Neck/Orbit w + w/o cont 77049 MRI Breast w + w/o contrast 73221 MRI Shoulder w/o R ___ L 73222 MRI Shoulder w/ Contrast R ___ L 73221 MRI Elbow w/o R ___ L 73222 MRI Elbow w/ Contrast R ___ L 73221 MRI Wrist w/o R ___ L 73722 MRI Wrist w/ Contrast R ___ L 73721 MRI Hip w/o R ___ L 73722 MRI Hip w/ Contrast R ___ L 73721 MRI Knee w/o R ___ L 73722 MRI Knee w/ Contrast R ___ L 73721 MRI Ankle w/o R ___ L 73722 MRI Ankle w/ Contrast R ___ L 73718 MRI Lower Ext w/ + w/o R ___ L specify: _____ R ___ L 73720 specify: _____ R ___ L 73718 specify: _____ R ___ L 73723 specify: _____ R ___ L | 78306 NM Bone imaging Whole Body alerts 78300 NM Bone imaging multi areas specify: _____ 78315 NM Bone Three Phase study specify: _____ 78300 NM Bone Spect specify: _____ 78227 NM Hepatobiliary imaging w/ EF 78014 NM Thyroid Image w/ Uptake 78072 NM Parathyroid w/ SPECT/CT 78580 NM Lung Perfusion 78582 NM Lung Ventilation and Perfusion 78264 NM Gastric Emptying Study NOTE: FOR MYOCARDIAL PERFUSION (stress studies) SEE CARDIOLOGY ORDERS. PET 78815 PET CT Skull Base to Midthigh 78816 PET CT Whole Body Unlisted Exams / Comments _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ **IF YOU WOULD LIKE MEDICATIONS INJECTED SUCH AS STEROIDS YOU MUST SEND A PHARMACY PRESCRIPTION AS WELL. MRI SAFETY PRECAUTIONS Pacemaker, spinal stimulator, inf. pump Claustrophobia Hx of metal grinding or welding Prev. surgery of area to be imaged |