

IMAGING ORDER FORM
for Physicians Outside of NJH

Imaging Hours Monday - Friday 7:00 AM - 6:00 PM

Scheduling # 303-270-2420
Fax# 303-270-2501

Special Requests: ___ Phone Report ___ CD with patient

Patient Name: _____ Date of Birth: _____

Home Phone: _____ Cell/Work Phone: _____

Insurance Provider: _____ **Precert** No / Yes # _____

Ordering Physician's Name: _____ Phone # _____

Physician's Address: _____ Fax # _____

Contact Name: _____

Diagnosis: _____ Symptoms: _____

Reason for Exam: _____

All CT & MRI studies with IV contrast require a Creatinine level within 30 days prior to exam. Creatinine: _____ Date: _____

The Creatinine can be done at the time of exam at NJH with Point of Care testing.

MRI

Head & Neck

- Brain w/o 70551
- Brain w/o & w contrast 70553
- IAC w/o & w contrast 70553
- Orbit w/o & w contrast 70543
- Pituitary w/o & w contrast 70553
- Soft Tissue Neck w/o 70540
- Soft Tissue Neck w/o & w 70543
- Temporomandibular Joint 70336

Upper Extremity Non-Joint

- Humerus Forearm Hand
- R___ L___
- ___ w/o 73218 ___ w/o & w 73220

Lower Extremity Non-Joint

- Thigh Calf Foot
- R___ L___
- ___ w/o 73718 ___ w/o & w 73720

Cardiac

- Cardiac for Morphology/Function ___ w/o 75557 ___ w/o & w/contrast(pre) 75561
- Cardiac Velocity Flow Mapping 75565

Spine & Pelvis

- Cervical w/o 72141
- Cervical w/o & w contrast 72156
- Thoracic w/o 72146
- Thoracic w/o & w contrast 72157
- Lumbar w/o 72148
- Lumbar w/o & w contrast 72158
- Pelvis w/o 72195
- Pelvis w/o & w contrast 72197

Upper Extremity Joint

- Shoulder Elbow Wrist
- R___ L___
- ___ w/o 73221 ___ w/o & w 73223

Lower Extremity Joint

- Hip Knee Ankle
- R___ L___
- ___ w/o 73721 ___ w/o & w 73723

Abdomen & Chest

- Abdomen w/o & w (prep) 74183
- Abdomen w/o (prep) 74181
- MRCP w/o (prep) 74181
- Chest w/o 71550
- Chest w/o & w contrast 71552
- Brachial Plexus w/o 71550
- Brachial Plexus w/o & w 71552
- Bone Marrow Survey 77084

MRA's

- MRA Head w/o 70544
- MRA Neck w/o & w 70549
- MRA Chest w/o & w 71555
- MRA Abd. w/o & w contrast 74185
- MRA Pelvis w/o & w contrast 72198
- MRA Upper Extremity w/o & w 73225
- MRA Lower Extremity w/o & w 73725

MRI Screening Questions

Contact MRI staff if any of the answers are yes. MRI may be contraindicated 303-398-1611

- | | |
|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Cardiac Pacemaker, ICD <input type="checkbox"/> Neurostimulator or other implanted system <input type="checkbox"/> Cochlear ear implant <input type="checkbox"/> Aneurysm clip (Manufacturer and model type needed) <input type="checkbox"/> Hx- Injury to eye by metal fragment? <i>If yes, an orbit x-ray may be required prior to the MRI</i> | <ul style="list-style-type: none"> <input type="checkbox"/> Electronic or magnetically activated implant <input type="checkbox"/> Implanted drug infusion device <input type="checkbox"/> Pregnant <input type="checkbox"/> Weight over 450 lbs (The magnet bore is 60cm wide) |
|---|--|

Physician's Signature: _____ Date: _____

PET/CT

PET/CT Base of Skull to mid-Thigh (prep) 78815 PET/CT Whole Body (prep) 78816
 ___Oncology ___Infection ___Oncology ___Infection (For Melanoma & Lymphoma only)
 PET/CT Myocardial (prep) 78459 ___Viability Imaging ___Sarcoid Imaging
 * For PET/CT Myocardial Perfusion Imaging Rest and Stress 78492- Please use the Cardiology Testing form.

CT Scan

<input type="checkbox"/> Chest w/o- HRCT/Extend 71250	<input type="checkbox"/> Abdomen w/o (prep) 74150	<input type="checkbox"/> Head w/o 70450
<input type="checkbox"/> Chest w/contrast (prep) 71260	<input type="checkbox"/> Abdomen w/contrast (prep) 74160	<input type="checkbox"/> Head w/contrast 70460
<input type="checkbox"/> Chest-PE w/contrast (prep) 71260	<input type="checkbox"/> Abdomen w/o & w (prep) 74170	<input type="checkbox"/> Neck w/o 70490
<input type="checkbox"/> Chest w/o & w/contrast (prep) 71270	<input type="checkbox"/> Abd/Pelvis w/o (prep) 74150	<input type="checkbox"/> Neck w/contrast 70491
<input type="checkbox"/> Pelvis w/o (prep) 72192	<input type="checkbox"/> Abd/Pelvis w/contrast (prep) 74160	<input type="checkbox"/> Sinus Screen 70486
<input type="checkbox"/> Pelvis w/contrast (prep) 72193	<input type="checkbox"/> Abd/Pelvis w/o & w (prep) 74170	<input type="checkbox"/> CT Other:
<input type="checkbox"/> Cardiac Calcium Score 75571		

Additional patient information is needed for the following exam. The program nurse will contact you for this:

CTA- Coronary Angiogram (includes a CT Cardiac Calcium Score) 75574 *The following medications may be given per policy:
 Metoprolol 5mg IV PRN and/or Nitroglycerin 0.4mg SL

CT Screening Questions Contact CT staff if any of the answers are yes. 303-398-1611

If patient is scheduled for IV contrast, is patient currently taking Metformin or Glucophage?
 Pregnant Iodine Allergy

Nuclear Medicine

<input type="checkbox"/> VQ Lung Scan/Vent. & Perf. 78580	<input type="checkbox"/> Muga/Gated Bloodpool 78481	<input type="checkbox"/> Hida 78220 ___w/o EF ___w/ EF
<input type="checkbox"/> Bone Scan 78315	<input type="checkbox"/> Gastric Emptying 78264	<input type="checkbox"/> Nuclear Medicine Other:

* For Nuclear Stress Exercise & Pharm Test 78465- Please use the Cardiology order form.

Routine Radiology/ X-Ray Orders

Chest / Sinus Airway	Abdomen	Upper Extremities
<input type="checkbox"/> Chest PA and lateral 71020	<input type="checkbox"/> Flat & Upright Abdomen	<input type="checkbox"/> _____
<input type="checkbox"/> Chest Decubitus R___ L___	<input type="checkbox"/> Decubitus Abdomen	Right___ Left___
<input type="checkbox"/> Chest Apical Lordotic 71021	Pelvis	Lower Extremities
<input type="checkbox"/> Ribs R___ L___ 2-V or 3-V?	<input type="checkbox"/> Sacro-Iliac Joints	<input type="checkbox"/> _____
<input type="checkbox"/> Sternum	<input type="checkbox"/> AP Pelvis (1-view)	Right___ Left___
<input type="checkbox"/> Sinus (Waters) 1-View 70210	<input type="checkbox"/> AP Pelvis (2-View)	
<input type="checkbox"/> Sinus Series (3-View) 70220	<input type="checkbox"/> Hip AP & Lat. (2-View) R___ L___	Spinal Column
<input type="checkbox"/> Soft Tissue Neck 70360	Skull	<input type="checkbox"/> Cervical Spine AP/Lat.
Fluoroscopy	<input type="checkbox"/> Skull	<input type="checkbox"/> Cervical Spine with obliques
<input type="checkbox"/> Esophogram / Barium Swallow	<input type="checkbox"/> Nasal Bones	<input type="checkbox"/> Thoracic Spine
<input type="checkbox"/> UGI <input type="checkbox"/> Small Bowel Series	<input type="checkbox"/> Temporomandibular Joints	<input type="checkbox"/> Lumbar Spine AP/Lat.
<input type="checkbox"/> Tailored/Modified Barium Swallow	<input type="checkbox"/> Facial Bones	<input type="checkbox"/> Lumbar Spine with obliques
<input type="checkbox"/> Chest Fluoroscopy	<input type="checkbox"/> Eye for foreign body 70030	<input type="checkbox"/> Sacrum/Coccyx

Bone Density

BD DEXA Combo (routine) 77080 BD Lat. Vertebral Assessment 72010

Ultrasound

<input type="checkbox"/> Duplex Abdomen 76700	<input type="checkbox"/> Duplex Carotid 93880	<input type="checkbox"/> Thyroid Biopsy 60100
<input type="checkbox"/> Duplex Abdomen RUQ only 76705	<input type="checkbox"/> Duplex Renal Artery 93976	<input type="checkbox"/> Duplex Venous Upper Ext ___L ___R
<input type="checkbox"/> Duplex Aorta 76775	<input type="checkbox"/> Duplex Renal 76775	<input type="checkbox"/> Duplex Venous Lower Ext ___L ___R
<input type="checkbox"/> Duplex Arterial Groin ___L ___R 76775	<input type="checkbox"/> Thyroid 76536	<input type="checkbox"/> Unilateral- 93971

Patient Name _____