

## 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"> <li><input type="checkbox"/> Cardiac Pacemaker, ICD</li> <li><input type="checkbox"/> Neurostimulator or other implanted system</li> <li><input type="checkbox"/> Cochlear ear implant</li> <li><input type="checkbox"/> Aneurysm clip (Manufacturer and model type needed)</li> <li><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></li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Electronic or magnetically activated implant</li> <li><input type="checkbox"/> Implanted drug infusion device</li> <li><input type="checkbox"/> Pregnant</li> <li><input type="checkbox"/> Weight over 450 lbs (The magnet bore is 60cm wide)</li> </ul> |
|---|--|

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

VQ Lung Scan/Vent. & Perf. 78580     Muga/Gated Bloodpool 78481     Hida 78220    \_\_\_w/o EF \_\_\_w/ EF  
 Bone Scan 78315     Gastric Emptying 78264     Nuclear Medicine Other:  
 \* For Nuclear Stress Exercise & Pharm Test 78465- Please use the Cardiology order form.

### Routine Radiology/ X-Ray Orders

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

### 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 \_\_\_\_\_