

PATIENTS MUST BRING THIS FORM WITH THEM. THIS FORM MUST BE COMPLETED, SIGNED BY THE PHYSICIAN, AND PRESENTED TO THE HOSPITAL OUTPATIENT REGISTRATION DESK PRIOR TO ANY TEST BEING PERFORMED.

Patient Name: (F) _____ (M) _____ (L) _____
 Date of Birth: ____ / ____ / ____ If female, pregnant? YES NO Date: ____ / ____ / ____
 Phone #: (Home) _____ (Work) _____
 Pertinent Lab Results: PT/INR: _____ PTT: _____ Date: ____ / ____ / ____

COMPLETE PROVIDER NAME
 Ordering Provider: (F) _____ (M) _____ (L) _____
 Address: _____
 Phone: _____ Fax: _____
 Provider Signature: _____ Date/Time: _____
 Date of Exam: _____ Time of Exam: _____ PreCert#: _____
 Prep Instructions Given Yes No **SCHEDULING PHONE: (828) 268-9037 SCHEDULING FAX: (828) 268-9046**

CPT	REGION	ICD-10#
BODY		
74181	Abdomen w/o contrast (MRCP)	
74183	Abdomen w & w/o contrast <input type="checkbox"/> Liver <input type="checkbox"/> Pancreas <input type="checkbox"/> Kidneys <input type="checkbox"/> Other (specify): _____	
71550	Chest w/o contrast	
71552	Chest w&w/o contrast	
72195	Pelvis w/o contrast	
72197	Pelvis w&w/o contrast <input type="checkbox"/> Bony pelvis <input type="checkbox"/> Female pelvis	
72195	Sacrum	
HEAD		
70553	Brain w&w/o contrast	
70551	Brain w/o contrast	
70553	IAC w&w/o contrast	
70540	Orbit, face & neck w/o contrast Specify: _____	
70543	Orbit, face & neck w&w/o contrast Specify: _____	
70553	Pituitary w&w/o contrast	
SPINE		
72156	Cervical w&w/o contrast	
72141	Cervical w/o contrast	
72158	Lumbar w&w/o contrast	
72148	Lumbar w/o contrast	
72157	Thoracic w&w/o contrast	
72146	Thoracic w/o contrast	

OTHER (CPT, Region, & ICD-10 # REQUIRED)

CPT	REGION	ICD-10#

For interventional procedures, H&P valid within 30 days of procedure required. **Region:** _____
 Fine Needle Aspiration Cyst Aspiration Needle Localization
 Core Biopsy Drainage Injection Biopsy

Please provide description of the ICD-10 codes here:

Additional Info for Radiologist:

CPT	REGION	ICD-10#
JOINT/EXTREMITY		
73721	Jt. (ankle/knee/hip) R/L w/o contrast	
73723	Jt. (ankle/knee/hip) R/L w&w/o contrast	
73722	Jt. (ankle/knee/hip) R/L contrast arthogram	
73221	Jt. (wr/el/sh) R/L w/o contrast	
73223	Jt. (wr/el/sh) R/L w&w/o contrast	
73222	JT. (wr/el/sh) R/L contrast arthogram	
73718	Lower extr. R/L w/o contrast <input type="checkbox"/> Femur <input type="checkbox"/> Tib/Fib <input type="checkbox"/> Foot	
73720	Lower extr. R/L w&w/o contrast <input type="checkbox"/> Femur <input type="checkbox"/> Tib/Fib <input type="checkbox"/> Foot	
73218	Upper extr. R/L w/o contrast <input type="checkbox"/> Humerus <input type="checkbox"/> Forearm	
73220	Upper extr R/L w&w/o contrast <input type="checkbox"/> Humerus <input type="checkbox"/> Forearm	

MRV EXAMS		
C8902	Abdomen	
C8920	Pelvis	
70544	Head w/o contrast	
70544	MRA & MRV of head	

MRA		
70544	Head w/o contrast	
70544	MRA & MRV of head	
70547	Neck w/o contrast	
C8902	Abdomen	
C8902	Pelvis	
70549	Neck/Carotid Artery	

LABS		
82565	Creatinine	
84520	BUN	
85610/ 85730	PT/PTT INR Panel	

Other (fill in CPT, Region & ICD-10#)		
J1642	Port Access w/ Heparin	