

APPALACHIAN
Regional Healthcare System

CANNON
MEMORIAL HOSPITAL
434 Hospital Drive
Linville, NC 28646
** indicates service not provided at Cannon

OUTPATIENT
IMAGING CENTER
1200 State Farm Rd.
Boone, NC 28607

WATAUGA
MEDICAL CENTER
336 Deerfield Road
Boone, NC 28607

REQUEST FOR OUTPATIENT RADIOLOGY SERVICES

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)

Phone #: (Home) _____ (Work) _____ Date of Birth: _____

If female, pregnant? Yes No (**CHECK ONE***) Date: ____/____/____

Pertinent Lab Results: PT/INR: _____ PTT: _____ Date: ____/____/____

COMPLETE PROVIDER NAME

Ordering MD: _____ (F) _____ (L)

MD Address: _____

MD Phone: _____ MD Fax: _____

Physician Signature: _____ Date: _____
Time: _____

Date of Exam: _____ Time of Exam: _____ PreCert#: _____

Prep Instructions Given: Yes No

SCHEDULING PHONE: (828)268-9037 **FAX:** (828)268-9046

CPT	REGION	ICD-10#
SKULL		
70260	Skull	
70220	Sinuses	
SPINE		
72050	Cervical	
72072	Thoracic	
72110	Lumbosacral	
72082	Scoliosis Survey	
62302 *	Cervical Myelogram*	
72126*	w/ contrasted CT*	
62303* /	Thoracic Myelogram *	
72129*	w/ contrasted CT*	
62304 */	Lumbar Myelogram*	
72132	w/ contrasted CT*	
UPPER EXTREMITIES		
73092	Infant Right or Left	
73030	Shoulder Right or Left	
73060	Humerus Right or Left	
73080	Elbow Right or Left	
73090	Forearm Right or Left	
73110	Wrist Right or Left	
73130	Hand Right or Left	
73140	Finger Right or Left digit	
LOWER EXTREMITIES		
73592	Infant Right or Left	
72170	Pelvis	
73502	Hip (w/pelvis when performed) Right or Left	
73552	Femur Right or Left	
73564	Knee Right or Left	
73590	Tibia/Fibula Right or Left	
73610	Ankle right or Left	
73630	Foot Right or Left	
73660	Toe Right or Left digit	

For interventional procedures, H&P valid within 30 days of procedure required. Region: _____

Procedure: Core Biopsy Drainage Injection Biopsy
 Fine Needle Aspiration Cyst Aspiration Needle Localization

Please provide description of the ICD-10 codes here:

Additional Info for Radiologist:

CPT	REGION	ICD-10#
CHEST		
73000	Clavicle Right Left	
71046	Chest PA and LAT	
71045	Chest AP	
71045	Rt Lat Decub. Chest	
71045	Lt. Lat. Debub. Chest	
71101	Ribs (Right / Left) w/ PA Chest	
71100	Ribs (Right / Left)	
71111	Bilat Ribs w/ PA Chest	
71110	Bilat Ribs	
ABDOMEN		
74018	KUB/Abdomen	
74022	AAS	
74019	Flat and upright Abdomen	
GI		
74246	UGI w/ air	
74270	Colon - BE	
74280	Colon-Air Contrast BE	
74250	Small Bowel	
74245	UGI with Small Bowel	
74249	UGI w/ Small Bowel w/ air	
74220	Barium Swallow	
74230	Modified Video Ba Swallow	
GU		
74455	VCUG	
74410	IVU w/o tomograms	
MISCELLANEOUS		
70360	Neck, Soft Tissue	
77074	Bone Survey (mets)	
74740*	Hysterosalpingogram*	
77080	DXA (Bone Density)	
MAMMOGRAPHY		
G0204	Diagnostic Bilateral	
G0206	Diagnostic Unilateral Right or Left	
G0202	Screening Bilateral	
G0206	Spot / Compression Right or Left	
LABS		
82565	Creatinine	
84520	BUN	
85610/ 85730	PTT / PTT INR Panel	
OTHER (CPT, REGION, & ICD-10 REQUIRED*)		

***Submit pertinent films from outside the facility prior to these procedures. Note: If lab work is required (i.e. cytology), please indicate preference below. Labs are not performed unless requested by ordering physician.