

Patient Name _____ D.O.B. _____ Patient Phone _____

Referring Dr. _____ Dr. Signature _____

Exam _____ Date _____ Time _____

Clinical History (Symptoms) _____

Contrast Allergy? Yes No Authorization No.: _____

Previous Studies? Yes No Where _____

Phone Report: _____ Fax Report: _____ Copy To Dr.: _____

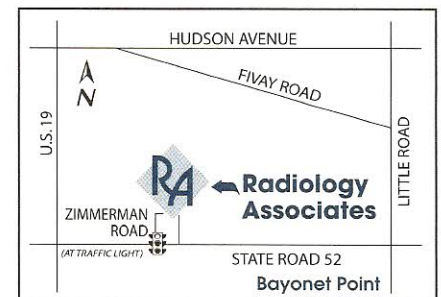
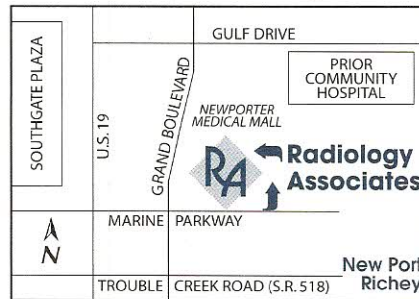
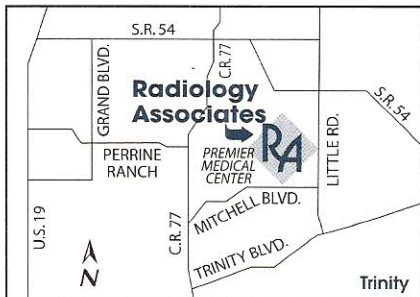
ROUTINE X-RAYS - No Appointment needed. (Examples: Chest, Spine, Extremities, Sinus, Ribs)
APPOINTMENT REQUIRED FOR ALL OTHER EXAMS.

SCHEDULING FOR ALL LOCATIONS (727) 847-5122 or (727) 842-2985.
CENTRAL FAX (727) 842-5150 or (727) 843-9443.

TRINITY
Premier Medical Center
 2115 Little Road
 Trinity, FL 34655
 Monday – Friday
Routine X-Ray
 9:00 a.m. - 5:30 p.m.
All other exams are scheduled

NEW PORT RICHEY
Newporter Medical Mall
 5539 Marine Parkway
 New Port Richey, FL 34652
 Monday – Friday
Routine X-Ray 8 a.m. - 7 p.m.
All other exams are scheduled
Saturday 8 a.m. - 12 p.m.

BAYONET POINT
Radiology Associates
 7525 S.R. 52
 Bayonet Point, FL 34667
 Monday – Friday
Routine X-Ray
 8:30 a.m. - 5:00 p.m.
All other exams are scheduled



Preparation Instructions (For Infants and Children, Consult Pediatrician)

Upper GI or Small Bowel Series

Nothing by mouth from midnight the night before until after the exam is complete. No water, gum, pills or smoking is allowed.

**Use a mild laxative after exam.*

IVP

Drink one bottle citrate of magnesia at 8:00 p.m. the evening before exam.

CT Low Dose Chest

Must meet strict criteria

CT

Abdomen Complete or With Contrast - Have only clear liquids for 6 hours prior to exam, no solid food. Medication may be taken with a little water. Patient to drink 1 quart of water 1 hour prior to exam and then nothing to eat or drink.

All other CT abdomen/pelvis exams - Patient to pick up oral contrast at Radiology Associates and follow directions on bottle.

Head, Neck, Chest & Extremities with contrast only: Have only clear liquids for 6 hours prior to exam, no solid food. Medication may be taken with a little water.

Ultrasound - Gallbladder, Pancreas, Liver, Aorta, Kidneys. Water only 6 hours prior to your test.

Pelvic Ultrasound - The patient should have completed drinking 40 ounces of non-carbonated liquid one hour before the exam. **DO NOT** empty your bladder. **Your bladder must be full for the exam.**

PATIENT NAME _____

REFERRING DOCTOR _____

THIS IS A PARTIAL LISTING OF THE EXAMS WE PERFORM AT RADIOLOGY ASSOCIATES.

X-RAY/FLUOROSCOPY

- ___ 74022 Abdominal Series w/PA Chest
- ___ 74220 Barium Swallow (Esophagram)
- ___ 77072 Bone Age
- ___ 71020 Chest-PA & Lat
- ___ Extremity **R/L**
- ___ Specify Area _____
- ___ 74400 IVP - ***PR**
- ___ 74000 KUB (Flat Plate)
- ___ 70360 Neck (Soft Tissue)
- ___ 72170 Pelvis AP only
- ___ 71111 Ribs Bilateral w/PA Chest
- ___ 71101 Ribs Unilateral w/PA Chest **R/L**
- ___ 73030 Shoulder **R/L**
- ___ 70220 Sinuses Complete, 3 views
- ___ 70210 Sinuses Limited, less than 3 views
- ___ 70260 Skull Complete
- ___ 74250 Small Bowel - ***PR**
- ___ 72050 Spine Cervical Complete
- ___ 72110 Spine Lumbar Complete
- ___ 72072 Spine Thoracic Complete
- ___ 72080 Thoracolumbar AP & Lateral
- ___ 74247 Upper GI - ***PR**
- ___ 74249 Upper GI w/Small Bowel ***PR**
- ___ Other _____

SPECIAL PROCEDURES

- ___ Arthrogram (Specify Area) _____
- ___ 62284/72265/72132 CT Lumbar Myelogram
- ___ CT Guided Biopsy (Specify Area) _____
- ___ 74430 Cystogram (Static)
- ___ 74455/51600 Cystogram (Voiding)
- ___ 74740/58340 Hysterosalpingogram
- ___ 77003/62270 Lumbar Puncture Diagnostic
- ___ 77003/62272 Lumbar Puncture Therapeutic
- ___ 77021/19102 MR Breast Biopsy **R/L**
- ___ 19081 US Breast Core Biopsy **R/L**
- ___ 76942/19000 US Breast Cyst Aspiration **R/L**
- ___ 76942/10022 US Fine Needle Biopsy Thyroid/Breast
- ___ 76942/19290 US Hook Wire Localization **R/L**
- ___ 76942/49080 US Paracentesis
- ___ 76942/32421 US Thoracentesis
- ___ 76942/60001 US Thyroid Cyst Aspiration

PET SCAN 78812

- Specify Area _____
- ___ Diagnosis _____
- ___ Staging _____
- ___ Restaging _____

MRI SCAN

- ___ 74183 MRI Abdomen Complete
- ___ 74181 Abdomen w/o contrast
- ___ MR Arthrogram (Specify Area) _____
- ___ 70551 Brain w/o contrast
- ___ 70553 Brain complete
- ___ 72141 Cervical Spine w/o contrast
- ___ 71550 Chest w/o contrast
- ___ 73721 Lower Extremity (joint) **R/L**
- ___ 73718 Lower Extremity (non-joint) **R/L**
- ___ 72148 Lumbar Spine w/o contrast
- ___ 72158 Lumbar Spine Complete
- ___ 74181 MRCP
- ___ 70543 Orbit, Face, Neck Complete
- ___ 72195 Pelvis w/o contrast
- ___ 70336 Temporomandibular Joint
- ___ 72146 Thoracic Spine w/o contrast
- ___ 73221 Upper Extremity (joint) **R/L**
- ___ 73218 Upper Extremity (non-joint) **R/L**
- ___ 77059 MRI Breast - Bil
- ___ 77058 MRI Breast - Uni (post mastectomy)
- ___ Other _____

MRA

- Specify Area _____

CT SCAN

- ___ 74174 CTA Abd/Pel
- ___ 74160 Abdomen w/contrast ***PR**
- ___ 74170 Abdomen Complete ***PR**
- ___ 70450 Brain w/o contrast
- ___ 70470 Brain Complete ***PR**
- ___ 72125 Cervical Spine w/o contrast
- ___ 71250 Chest w/o contrast
- ___ 71260 Chest w/contrast ***PR**
- ___ 73200 Upper Ext. w/o contrast **R/L**
- ___ 73202 Upper Ext. Complete **R/L *PR**
- ___ 73700 Lower Ext. w/o contrast **R/L**
- ___ 73702 Lower Ext. Complete **R/L *PR**
- ___ 72131 Lumbar Spine w/o contrast
- ___ 70486 CT Sinus w/o contrast
- ___ 70480 Orbit, Sella, Middle or Inner Ear w/o contrast
- ___ 70481 Orbit, Sella, Middle or Inner Ear w/contrast
- ___ 72193 Pelvis w/contrast ***PR**
- ___ 72194 Pelvis Complete ***PR**
- ___ 70491 Soft Tissue Neck w/contrast ***PR**
- ___ 72128 Thoracic Spine w/o contrast
- ___ 75635 CTA Runoff
- ___ 74176 Abd/Pel w/o
- ___ 74177 Abd/Pel w/contrast
- ___ 74178 Abd/Pel Complete
- ___ G0297 Low Dose Chest for screening *
(Medicare Only)

CTA CARDIAC

- ___ 75574

BONE DENSITY

- ___ 77080 Bone Density, DEXA

ULTRASOUND

- ___ 76700 Abdomen Complete ***PR**
- ___ 93922/93925 Arterial Lower Ext.
- ___ 93122/93930 Arterial Upper Ext.
- ___ 76641 Breast
- ___ 93880 Carotid duplex
- ___ 76882 Extremity nonvascular **R/L**
- ___ 76705 Gallbladder, liver, pancreas ***PR**
- ___ 76775 Kidney
- ___ 76817 OB (TV) less than 14 wks.
- ___ 76805 OB greater than 14 wks.
- ___ 76856 Pelvis Transabdominal ***PR**
- ___ 76830 Pelvis Transvaginal
- ___ 76770 Retroperitoneal (renal/aorta) ***PR**
- ___ 76870/93976 Testes / Doppler
- ___ 76536 Thyroid
- ___ 93970 Venous Upper or Lower Bilateral Ext.
- ___ 93971 Venous Upper or Lower Unilateral Ext. **R/L**
- ___ 93306 Echocardiography; Doppler,
Color Flow
- ___ Other _____

NUCLEAR MEDICINE

- ___ 78306 Bone Scan - Whole Body
- ___ 78300 Bone Scan - Limited
- ___ 78315 Bone Scan - 3 Phase
- ___ 78264 Gastric Emptying
- ___ 78226 HIDA Scan (Hepatobiliary)
- ___ 78215 Liver/Spleen
- ___ 78290 Meckels
- ___ 78472 MUGA Ejection Fraction
- ___ 78070 Parathyroid Scan
- ___ 78597 Quantitative Lung Scan
- ___ 78707 Renal Scan Triple
- ___ 78708 Renal Scan w/Lasix or Captopril
- ___ 78013 Thyroid Scan
- ___ 78014 Thyroid Scan w/Uptake
- ___ 78012 Thyroid Uptake Only
- ___ 78598 Ventilation & Perfusion Lung Scan

DIGITAL MAMMOGRAPHY

- ___ G0202/77067 Screening
- ___ G0204/77066 Bilateral Mammogram
(Diagnostic)
- ___ G0206/77065 Unilateral Mammogram
R/L
- ___ 19281 Hook Wire Localization
- ___ 77053/19030 Galactogram Single
- ___ 77054/19030 Galactogram Multiple
- ___ Other _____

***PR - Preparation Required
See front of form**

R/L - Right/Left (Specify)

