

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.: \_\_\_\_\_

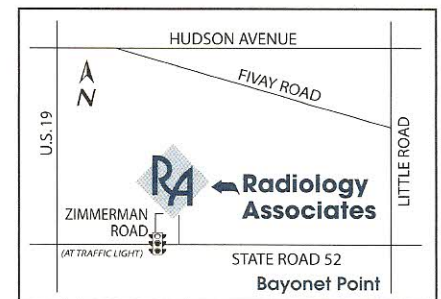
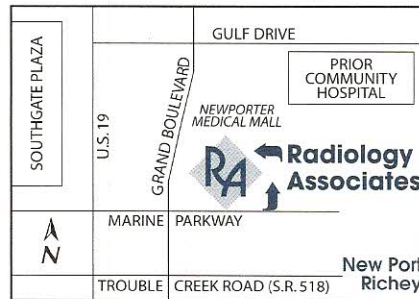
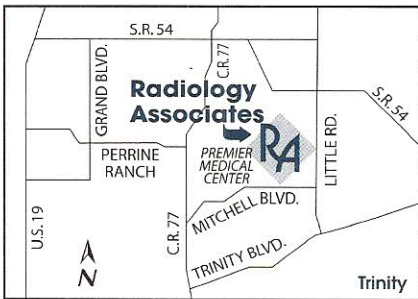
**ROUTINE X-RAYS - No Appointment needed.** (Examples: Chest, Spine, Extremities, Sinus, Ribs)  
**APPOINTMENT REQUIRED FOR ALL OTHER EXAMS.**

**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)**

