

AHS CT Order Form

Please fax all relevant clinical information and office visit notes to (770)638-1411

Routine STAT-Call Report# _____

| | | | |
|---|--|---|--|
| Patient Name: | Date of Birth: | Ordering Practitioners Name: | |
| Patient Phone Number: | Sex of Patient: M F | Practitioners Contact Number: | |
| Reason For Exam: | | Practitioners Fax Number: | |
| ICD10 Codes: | | Practitioners Signature: | Date: |
| Patient Allergies: | | BUN/Creatinine Date Drawn: | Results: |
| <input type="checkbox"/> CT CHEST W/O <input type="checkbox"/> CT CHEST HIGH RESOLUTION W/O <input type="checkbox"/> CT CHEST W/ ROUTINE <input type="checkbox"/> CT CHEST W/ & W/O ROUTINE | 71250 71250 71260 71270 | <input type="checkbox"/> CT ABD W/O (ROUTINE) <input type="checkbox"/> CT ABD W/ (ROUTINE) <input type="checkbox"/> CT ABD LIVER (W&W/O) <input type="checkbox"/> CT ABD RENAL (W&W/O) <input type="checkbox"/> CT ABD PANCREAS (W&W/O) <input type="checkbox"/> CT ABD ADRENAL (W&W/O) | 74177 74160 74170 74170 74170 74170 |
| <input type="checkbox"/> CT HEAD W/O <input type="checkbox"/> CT HEAD W/ (only order W/ only if pt has had CT Head w/o in last 24 hours) <input type="checkbox"/> CT HEAD W/ & W/O <input type="checkbox"/> CTA HEAD (W/ &W/O) <input type="checkbox"/> CTA NECK <input type="checkbox"/> CTA HEAD AND NECK | 70450 70460 70470 70496 70470 70498 70496,70498 | <input type="checkbox"/> PELVIS (INCLUDES HIPS) W/O <input type="checkbox"/> PELVIS W/ <input type="checkbox"/> PELVIS W/ &W/O <input type="checkbox"/> CTA ABD PELVIS W/ RUNOFF <input type="checkbox"/> CTA PELVIS W/RUNOFF (BILATERAL LOWER EXTREMITIES) | 72192 72193 72194 75635 75635 |
| <input type="checkbox"/> CCTA (CARDIAC ANGIOGRAPHY INCLUDES CALCIUM SCORE) <input type="checkbox"/> CALCIUM SCORING <input type="checkbox"/> CLEARLY ANALYSIS – Requires Instructions <input type="checkbox"/> CTA CHEST (PE/DISSECTION/AAA) | 75574 SELF PAY SELF PAY 71275 | <input type="checkbox"/> CT SOFT TISSUE NECK W/O <input type="checkbox"/> CT SOFT TISSUE NECK W/ <input type="checkbox"/> CT SOFT TISSUE NECK W/ AND W/O | 70490 70491 70492 |
| <input type="checkbox"/> CT TEMP BONES /IAC W/O <input type="checkbox"/> CT TEMP BONES/IAC W/ <input type="checkbox"/> CT TEMP BONES /IAC W&W/O <input type="checkbox"/> CT C-SPINE W/O <input type="checkbox"/> CT C-SPINE W/ <input type="checkbox"/> CT TSPINE W/O <input type="checkbox"/> CT TSPINE W/ <input type="checkbox"/> CT L-SPINE W/O <input type="checkbox"/> CT L-SPINE W/ <input type="checkbox"/> CT MAXILLOFACIAL W/O <input type="checkbox"/> CT MAXILLOFACIAL W/ <input type="checkbox"/> CT ORBITS W/O <input type="checkbox"/> CT ORBITS W/ <input type="checkbox"/> CT SINUS W/O | 70480 70481 70482 72125 72126 72128 72129 72131 72132 70486 70487 70480 70481 70486 | <input type="checkbox"/> CT ABDOMEN PELVIS W/O ROUTINE <input type="checkbox"/> CT ABD/ PELVIS W/ ROUTINE <input type="checkbox"/> CT ABD/PELVIS LIVER (W&W/O) <input type="checkbox"/> CT ABD/PELVIS RENAL(W&W/O) <input type="checkbox"/> CT ABD/PELVIS PANCREAS(W&W/O) <input type="checkbox"/> CT ABD/PELVIS ADRENAL(W&W/O) <input type="checkbox"/> UROGRAM (W &W/O) | 74176 74177 74178 74178 74178 74178 74178 74178 |
| | | <input type="checkbox"/> CTA ABD W/ <input type="checkbox"/> CTA ABD/PELVIS W/ <input type="checkbox"/> CTA CHEST ABD W/ <input type="checkbox"/> CTA CHEST ABD PELVIS W/ | 74175 74174 71275,74175 71275,74174 |
| EXTREMITY OF INTEREST? <input type="checkbox"/> CT UPPER EXTREMITY W/O RT <input type="checkbox"/> CT UPPER EXTREMITY W/O LT <input type="checkbox"/> CT UPPER EXTREMITY W/ RT <input type="checkbox"/> CT UPPER EXTREMITY W/ LT <input type="checkbox"/> CTA UPPER EXTREMITY RT <input type="checkbox"/> CTA UPPER EXTREMITY LT | 73200RT 73200LT 73201RT 73201LT 73206RT 73206LT | EXTREMITY OF INTEREST? <input type="checkbox"/> CT LOWER EXTREMITY W/O RT <input type="checkbox"/> CT LOWER EXTREMITY W/O LT <input type="checkbox"/> CT LOWER EXTREMITY W/ RT <input type="checkbox"/> CT LOWER EXTREMITY W/ LT <input type="checkbox"/> CTA LOWER EXTREMITY RT <input type="checkbox"/> CTA LOWER EXTREMITY LT | 73700RT 73700LT 73701RT 73701LT 73706RT 73706LT |

∞All patients 65 years or older or diabetics must have a current creatinine

∞All orders authorize a BUN/creatinine test, contrast, and a pregnancy test if clinically indicated