PUTNAM RADIOLOGY GROUP & WOMEN'S CENTER

PRG OFFICE
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Tele: (386) 326-0077 • Fax: (386) 326-0188
doctorsimaginggroup.com

VASCULAR & INTERVENTIONAL PHYSICIANS
DOCTORS IMAGING GROUP

Name: _____ **DOB:** _____ **M / F** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Home Phone: _____ **Cell Phone:** _____

YOUR APPOINTMENT: **DAY:** _____ **DATE:** **TIME:** _____

Referring Provider

Dr. Name: _____ **Dr. Phone:** _____ **Dr. Fax:** _____

❑ **PHONE REPORT** ❑ **PHONE & HOLD REPORT** ❑ **SEND CD/DVD VIA PATIENT** ❑ **COPY TO:** _____

DX History & Notes: _____

Insurance: _____ **Date:** _____ **Physician's Signature:** _____

MRI

❑ ***CONTRAST***

- ❑ Brain
- ❑ Breast
- ❑ Orbit, Face & Neck
- ❑ Pelvis
- ❑ Prostate
- ❑ Spine, Cervical
- ❑ Spine, Thoracic
- ❑ Spine, Lumbar
- ❑ Upper Extremity
- ❑ Upper Extremity, Joint

❑ ***LEFT*** ❑ ***RIGHT***

- ❑ Lower Extremity
- ❑ Lower Extremity, Joint

❑ ***LEFT*** ❑ ***RIGHT***

- ❑ Abdomen ❑ MRCP **[1]**
- ❑ MR Angiogram, Abd
- ❑ MR Angiogram, Head
- ❑ MR Angiogram, Neck

ARTHROGRAPHY

- ❑ Shoulder ❑ LT ❑ RT
- ❑ Wrist ❑ LT ❑ RT
- ❑ Hip ❑ LT ❑ RT
- ❑ Knee ❑ LT ❑ RT

❑ ***WITH MRI*** ❑ ***WITH CT***

MAMMOGRAPHY

- ❑ Mammo Screening **[5]**
- ❑ Mammo Diagnostic

❑ ***LEFT*** ❑ ***RIGHT*** ❑ ***BILAT*** **[5]**

Breast Cyst Aspiration

❑ ***LEFT*** ❑ ***RIGHT***

- ❑ Breast BX U/S Guided

❑ ***LEFT*** ❑ ***RIGHT***

BONE DENSITY

- ❑ Dexa Bone Densitometry Exam

CT

❑ ***IV CONTRAST***

- ❑ Head **[1]**
- ❑ Orbit, Sella, Ear
- ❑ Maxillofacial/Sinus w/Reformat(s)
- ❑ Soft Tissue, Neck
- ❑ Chest, Thorax **[1]**
- ❑ Abdomen/Pelvis **[2]**
- ❑ Abdomen/Pelvis Stone Protocol
- ❑ Lung CA Screening
- ❑ Spine, Cervical w/ Reformat(s)
- ❑ Spine, Thoracic w/ Reformat(s)
- ❑ Spine, Lumbar w/ Reformat(s)
- ❑ Upper Extremity w/ Reformat(s)
- ❑ Lower Extremity w/ Reformat(s)
- ❑ CT Angiogram Head
- ❑ CT Angiogram Neck
- ❑ CT Angiogram Chest
- ❑ CT Angiogram – Abdomen & Pelvis
- ❑ CT Angiogram Aorta with Runoff

ULTRASOUND

- ❑ Abdomen (w/Duplex as needed) **[3]**
- ❑ Aorta (w/Duplex as needed) **[3]**
- ❑ Breast ❑ LT ❑ RT
- ❑ Pelvic & Transvag. (*w/Duplex) **[4]**
- ❑ Renal/Bladder (w/Duplex as needed) **[3]**
- ❑ Scrotal (w/Duplex as needed)
- ❑ Thyroid
- ❑ Extremity, Non Vasc; ***Specify Site Below***
- ❑ Sft Tssu Head/Neck; ***Specify Site Below***
- ❑ Unlisted U/S Proced; ***Specify Site Below***

Specify Site: _____

VASCULAR STUDIES

- ❑ Carotid Doppler
- ❑ Lwr Extremity Arterial ❑ L ❑ R ❑ Bi

❑ Venous, Duplex; ❑ **Upper** ❑ **Lower**
❑ **Left** ❑ **Right** ❑ **Bilateral**

GENERAL RADIOLOGY

HEAD

- ❑ Mandible
- ❑ Facial Bones
- ❑ Nasal Bones
- ❑ Orbits
- ❑ Sinuses Complete
- ❑ Skull Series
- ❑ TM Joints
- ❑ Neck Soft Tissue

THORAX

- ❑ Chest, 1 View
- ❑ Chest, 2 Views
- ❑ Ribs, Unilateral

❑ ***LEFT*** ❑ ***RIGHT***

- ❑ Ribs, Unilateral w/PA Chst

❑ ***LEFT*** ❑ ***RIGHT***

- ❑ Ribs, Bilateral
- ❑ Ribs, Bilateral w/PA Chest
- ❑ Sternum

SPINE & PELVIS

- ❑ Cervical Spine, AP & LAT
- ❑ Cervical Spine, incl. Obl.
- ❑ Cervical Spine, Complete including Obliques & Flex/Ext.
- ❑ Thoracic Spine, AP & LAT
- ❑ Scoliosis Series
- ❑ Lumbar Spine, AP & LAT
- ❑ Lumbar Spine, incl. Obl.
- ❑ Lumbar Spine, Complete incl. Obl. & Bending
- ❑ Pelvis AP
- ❑ SI Joints, >3 Views
- ❑ Sacrum & Coccyx, >2 Vws

UPPER EXTREMITY

❑ ***LEFT*** ❑ ***RIGHT***

- ❑ Clavicle, Complete
- ❑ Scapula, Complete
- ❑ Shoulder, Complete
- ❑ AC Joints **(NO L/R)**
- ❑ Humerus
- ❑ Elbow, Complete
- ❑ Forearm, AP & LAT
- ❑ Wrist, Complete
- ❑ Hand, min 3 Views
- ❑ Fingers, min 2 Views

LOWER EXTREMITY

❑ ***LEFT*** ❑ ***RIGHT***

- ❑ Hip, Unilateral
- ❑ Hip, Bil (incl. Pelvis)
- ❑ Femur
- ❑ Knee, Complete
- ❑ Tibia & Fibula
- ❑ Ankle, Complete
- ❑ Foot, Complete
- ❑ Calcaneous, minimum 2 Views
- ❑ Toes, min 2 Views

CENTERS FOR MEDICARE MEDICAID SERVICES MEDICARE APPROPRIATE USE CRITERIA (CT, PET, MRI & Nuclear Med):

AUC G-Code: _____

AUC Modifier: _____

ABDOMEN

- ❑ Abdomen, 1 View (KUB)
- ❑ Abdomen, Complete (Flat & Upright)

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SEE OTHER SIDE FOR INSTRUCTIONS & DIRECTIONS

For CT and MRI Exams, please enter the AUC G-Code and the AUC Modifier in the light blue box above.

Appt. Info

PUTNAM RADIOLOGY GROUP & WOMEN'S CENTER

PREPARING FOR YOUR VISIT

CMS/MEDICARE APPROPRIATE USE CRITERIA (AUC):

G-Code: Indicates which CDSM tool was utilized.
Modifier: Indicates the result of the consultation, or if AUC was not consulted due to hardship.

PATIENT INSTRUCTIONS:

Prep #1: Nothing to eat or drink four hours before examination.

Prep #2: Use prep provided by Putnam Radiology Group. Pick up at least 2 days in advance.

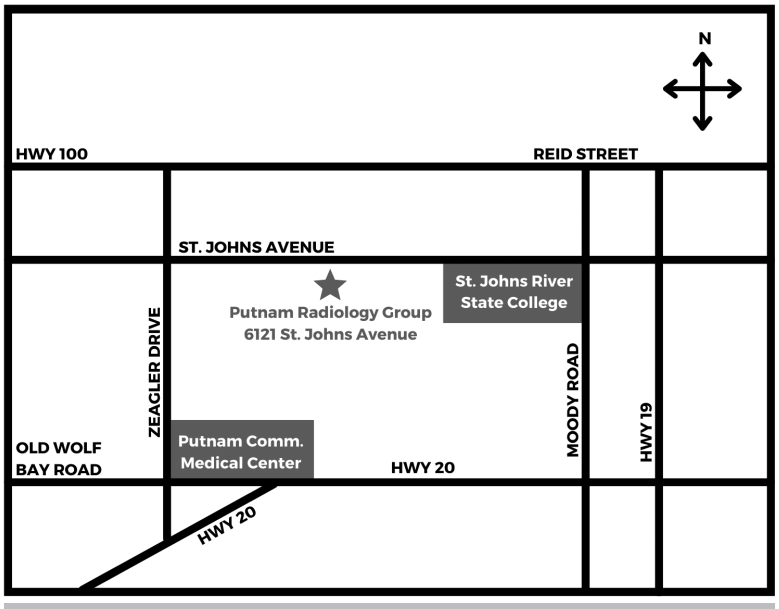
Prep #3: Nothing to eat or drink after midnight.

Prep #4: Drink 32 ounces of any non-carbonated fluid 1 hour before appointment. DO NOT URINATE.

Prep #5:

- A. Wash under arm and breasts the day of exam.
- B. Do NOT use deodorants, perfumes, powders, ointments, or anything in the underarm area or on the breasts until exam is complete.
- C. A 2-piece outfit is suggested for your convenience.

PRACTICE LOCATION:



SEE OTHER SIDE FOR MORE EXAMS

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