

Name: _____ DOB: _____ M / F _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

SS#: _____ Your Appointment: _____ 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: _____ X _____ Physician's Signature _____ Date _____

GENERAL RADIOLOGY	
HEAD	
70110 Mandible	
70150 Facial Bones	
70130 Mastoids	
70160 Nasal Bones	
70200 Orbits	
70220 Sinuses, complete	
70250 Skull AP/LAT	
70260 Skull Series	
70330 TM Joints	
70360 Neck Soft Tissue	
THORAX & ABDOMEN	
71045 Chest, 1 view	
71046 Chest, 2 view	
71047 Chest, lordotic	
71047 Chest, decubitus	<input type="checkbox"/> L <input type="checkbox"/> R
71100 Ribs, unilateral	<input type="checkbox"/> L <input type="checkbox"/> R
71101 Ribs, uni w/PA Chest	<input type="checkbox"/> L <input type="checkbox"/> R
71110 Ribs, bilateral	
71111 Ribs, bilateral w/PA Chest	
71120 Sternum	
74018 Abdomen, single view (KUB)	
74019 Abdomen, complete (flat & upright)	
SPINE & PELVIS	
72040 Cervical Spine, AP/LAT	
72050 Cervical Spine, incl. obliques	
72052 Cervical Spine, complete incl. obliques & flex/ext	
72072 Thoracic Spine, AP/LAT	
72081 Scoliosis Series	

GENERAL RADIOLOGY	
SPINE & PELVIS (continued)	
72100 Lumbar Spine, AP/LAT	
72110 Lumbar Spine, incl. obl.	
72114 Lumbar Spine, complete incl obl & bending	
72170 Pelvis AP	
72170 Pelvis AP (Standing, for LLI)	
72202 SI Joints, > 3 views	
72220 Sacrum & Coccyx, min 2 views	
UPPER EXTREMITY	
73000 Clavicle, complete	<input type="checkbox"/> L <input type="checkbox"/> R
73010 Scapula, complete	<input type="checkbox"/> L <input type="checkbox"/> R
73030 Shoulder, complete	<input type="checkbox"/> L <input type="checkbox"/> R
73050 AC Joints	
73060 Humerus	<input type="checkbox"/> L <input type="checkbox"/> R
73080 Elbow, complete	<input type="checkbox"/> L <input type="checkbox"/> R
73090 Forearm, AP/LAT	<input type="checkbox"/> L <input type="checkbox"/> R
73110 Wrist, complete	<input type="checkbox"/> L <input type="checkbox"/> R
73130 Hand, min 3 views	<input type="checkbox"/> L <input type="checkbox"/> R
73140 Fingers, min 2 views	<input type="checkbox"/> L <input type="checkbox"/> R
LOWER EXTREMITY	
73502 Hip, unilateral	<input type="checkbox"/> L <input type="checkbox"/> R
73521 Hip, bilateral (incl. pelvis)	
73552 Femur, AP/LAT	<input type="checkbox"/> L <input type="checkbox"/> R
73564 Knee, complete	<input type="checkbox"/> L <input type="checkbox"/> R
73590 Tibia & Fibula, AP/LAT	<input type="checkbox"/> L <input type="checkbox"/> R
73610 Ankle, complete	<input type="checkbox"/> L <input type="checkbox"/> R
73630 Foot, complete	<input type="checkbox"/> L <input type="checkbox"/> R
73650 Calcaneus, min 2view	<input type="checkbox"/> L <input type="checkbox"/> R
73660 Toes, min, 2 views	<input type="checkbox"/> L <input type="checkbox"/> R

ULTRASOUND	
76536 Thyroid	
76536 Soft Tissue Head & Neck	
Specify Site:	
76604 Chest Wall	
76641 Breast, complete uni	<input type="checkbox"/> L <input type="checkbox"/> R
76700/93975 Abdominal (w/duplex as needed)	prep 1
76770 Aorta	
76770 Renal	
76770/93975 Renal (w/duplex as needed, ie. RAS)	prep 1
76830/76856/93975 Transvaginal and Pelvic (w/duplex as needed)	prep 2
76870/93975 Scrotal (w/duplex as needed)	
76881 Extremity, non-vascular, complete	
93880 Carotid Doppler	
93970 Venous, Duplex, bilateral	
93971 Venous Duplex, uni	<input type="checkbox"/> L <input type="checkbox"/> R
OTHER NOT LISTED	
BONE SPECIFIC	
77080 DEXA Bone Density (NO CONTRAST OF ANY TYPE 7 DAYS PRIOR TO EXAM)	
77086 Vertebral Fracture Assessment	
77075 Bone Survey, complete	
77072 Bone Age	
DIGITAL MAMMOGRAPHY	
77067 Mammography Screen w/CAD	prep 3
77065 Mammography uni w/CAD	prep 3
77066 Mammography bil w/CAD	prep 3
<input type="checkbox"/> with additional views and/or ultrasound as needed	
BREAST BIOPSY/ASPIRATION	
Breast BX, US guided 19083	<input type="checkbox"/> L <input type="checkbox"/> R
Breast Cyst 19000 + 76942	<input type="checkbox"/> L <input type="checkbox"/> R

DIC TECH ONLY	
Comparison Studies: <input type="checkbox"/> DIG	<input type="checkbox"/> NFRMC
History:	

PATIENT INSTRUCTIONS

- Prep #1:** Nothing to eat or drink after midnight. (Minimum 8 hours)
- Prep #2:** Finish drinking 32 ounces of any type of fluid 1 hour before appointment. **DO NOT URINATE**
- Prep #3:**
- Wash under arm and breasts the day of the exam.
 - DO NOT** use deodorants, perfumes, powders, ointments or anything in the underarm area or on the breasts until exam is complete.
 - A two-piece outfit is suggested for your convenience:

LOCATIONS

Doctor's Imaging Group (DIG) (Please park on upper level parking lot).

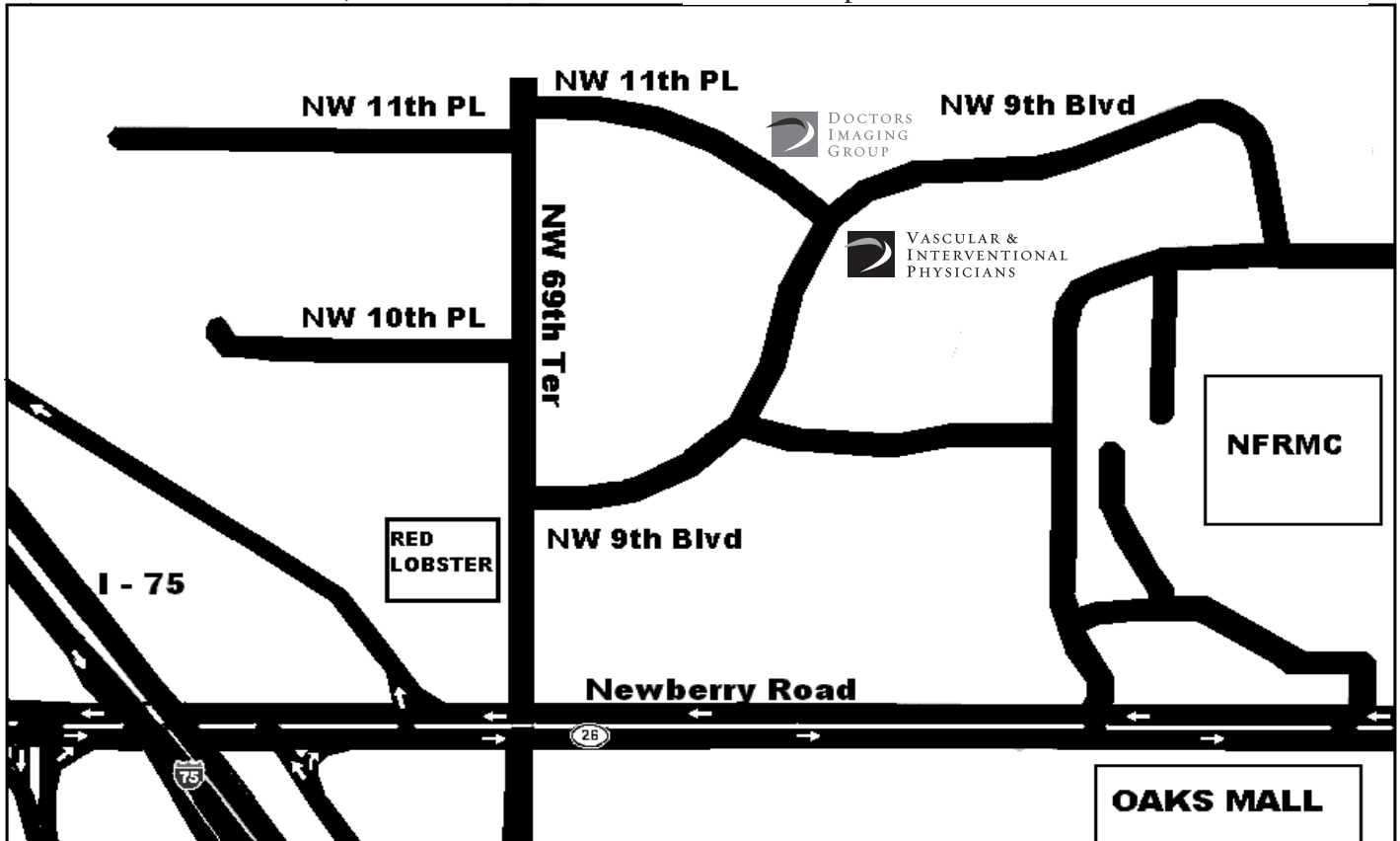
Phone: (352) 331-9729 **Fax:** (352) 331-9744

Address: 6716 NW 11th Place, Ste 200, Gainesville **Hours:** 7:00am-5:00pm M-F

Vascular & Interventional Physicians

Phone:(352) 333-7847 **Fax:** (352) 333-0990

Address: 6685 NW 9th Blvd, Gainesville **Hours:** 7:00am-4:30pm M-F



SEE OTHER SIDE FOR EXAMS

Rev. 1/5/18