

# CT / MRI DETAILED ORDER FORM

Scheduling Department (541) 317-4311

Fax (541) 317-4335

(Please fax after appointment is made)

Pt. Name \_\_\_\_\_ Last First MI \_\_\_\_\_ DOB \_\_\_\_\_ Pt. Phone \_\_\_\_\_

Pt. P# \_\_\_\_\_ Appt. Date \_\_\_\_\_ Time \_\_\_\_\_ AM / PM

**DX CODE**, Cincinal History / Note to Radiologist / Tech \_\_\_\_\_

Physicain Signature (required) \_\_\_\_\_ Office Phone \_\_\_\_\_ Patient has return visit on \_\_\_\_/\_\_\_\_/\_\_\_\_

## CT

### BRAIN / HEAD

- 70460 Head or Brain With IV Contrast
- 70450 Head or Brain Without IV Contrast
- 70470 Head or Brain With & Without IV Contrast
- 70480 Orbit, Sella, P. Fossa or Ear w/o IV Contrast
- 70481 Orbit, Sella, P. Fossa or Ear with IV Contrast
- 70482 Orbit, Sella, P. Fossa or Ear w & w/o Contrast

### MAXILLOFACIAL

- 70487 With IV Contrast
- 70486 Without IV Contrast
- 70488 With & Without IV Contrast

### NASAL SINUSES

- 70486 Complete, Axial & Coronal

### SOFT TISSUE NECK

- 70491 With IV Contrast
- 70490 Without IV Contrast
- 70492 With & Without IV Contrast

### CHEST - THORAX

- 71260 With IV Contrast
- 71250 Without IV Contrast
- 71270 With & Without IV Contrast
- 71250 High Resolution
- 0144T Heart Calcium Scoring
- 71260 Pulmonary Embolus
- 71250 Screening for Pulmonary Nodule
- Limited
- Other: \_\_\_\_\_

### SPINE

- Cervical**
- 72125 Without Contrast
- 72126 With & Without Contrast
- Thoracic**
- 72128 Without Contrast
- 72129 With & Without Contrast
- Lumbar**
- 72131 Without Contrast
- 72132 With & Without Contrast

### CT ANGIOGRAPHY

- 74175 Angio Abdomen (AAA, SMA, Renal, etc)
- 75635 Angio Aorta & Runoff
- 71275 Angio Thoracic
- 71275 Angio Aorta
- 70496 Angio Head (Circle of Willis etc)
- 70498 Angio Neck (Carotid)
- 72191 Angio Pelvis
- 73706 Angio Lower Extremity
- 73206 Angio Upper Extremity
- 0148T & 0151 - Angio Cardiac - s See order Form

### MISCELLANEOUS

- 76375 3D Reconstructions

### ABDOMEN - PELVIC AREAS

#### UPPER ABDOMEN (diaphragm to iliac crest)

- ABDOMEN**
- 74160 With IV Contrast
- 74150 Without IV Contrast
- 74170 With & Without IV Contrast
- 74170 TRI Phase (Liver or Adrenal)
- 0066T CT Colonography (Virtual)
- 74160 CT Appendix & 72193

#### PELVIC (ILIAIC CREST THROUGH SYMPHISIS)

- PELVIC**
- 72193 With IV Contrast
- 72192 CT Urinary Tract (Kidneys Through Bladder & 74150
- 72194 With & Without IV Contrast
- 72192 Without IV Contrast

#### UPPER EXTREMITY

- 73201 With IV Contrast
- 73200 Without IV Contrast

#### LOWER EXTREMITY

- 73701 With IV Contrast
- 73700 Without IV Contrast

## MRI

### BRAIN / HEAD

- Brain**
- 70551 Without Contrast
- 70553 With & Without Contrast
- 70544 Head Angio Without Contrast
- 70553 Brain/IAC's

### ORBIT / FACE / NECK

- Orbit, Face, Neck**
- 70336 TMJ
- 70540 Without Contrast
- 70543 With & Without Contrast
- Carotid Angio**
- 70547 Without Contrast
- 70549 With & Without Contrast

### SOFT NECK TISSUE

- Contrast/Radiologist Discretion
- Without Contrast
- With & Without Contrast

### SPINE

- Cervical**
- 72141 Without Contrast
- 72156 With & Without Contrast
- Thoracic**
- 72146 Without Contrast
- 72157 With & Without Contrast
- Lumbar**
- 72148 Without Contrast
- 72158 With & Without Contrast

### MS SURVEY

- Brain - Cervical - Thoracic (Complete W/ Contrast)
- Brain - Cervical - Thoracic (Complete W/O Contrast)
- Limited to: \_\_\_\_\_

### BRACHIAL PLEXUS

- Rt  Lt  W/ Contrast  W/O Contrast

### CHEST

- Chest Wall**  **Mediastinum**
- 71551 With Contrast
- 71550 Without Contrast
- 71552 With & Without Contrast

### EXTREMITY

- Rt  Lt  Bilateral
- Upper Extremity**
- 73218 Without Contrast
- 73220 With & Without Contrast
- Upper Extremity Joint**
- 73221 Without Contrast
- 73223 With & Without Contrast
- Lower Extremity**
- Femur**  **Tib-Fib**  **Foot**
- 73718 Without Contrast
- 73720 With & Without Contrast
- Lower Extremity Joint**
- Hip**  **Knee**  **Ankle**
- 73721 Without Contrast
- 73723 With & Without Contrast
- Soft Tissue: \_\_\_\_\_

### ABDOMEN

- 74181 Without Contrast
- 74183 With & Without Contrast
- Liver With & Without Contrast
- Pancreas With & Without Contrast
- MRCP
- Renal W/ & W/O Contrast

### PELVIC AREAS

- 72195 Without Contrast
- 72197 W/ & W/O Contrast
- Pelvis
- Prostate

### ANGIO - MISCELLANEOUS

- 74185 Angio Abdomen
- Angio Abdomen With Runoffs
- Angio Abdomen With Renals
- 71555 Angio Chest
- 72159 Angio Spine With or Without Contrast
- 72198 Angio Pelvic With or Without Contrast
- 73725 Angio Lower Ext. With or Without Contrast
- 73225 Angio Upper Ext. With or Without Contrast
- 76498 MRI, Unlisted Procedure

### BREAST

- 77058 Breast Unilateral w/w/o & 0159T
- 77059 Breast Bilateral w/w/o & 0159T
- Silicone Implants

**CT / MRI**

<i>Asthma</i>	<i>Y</i>	<i>N</i>	<i>if any bolded questions have a yes answer, the patient must have a creatinine drawn within 2 weeks of their CT scan (over 1.2 is elevated)</i>
<i>History of renal failure</i>	<i>Y</i>	<i>N</i>	
<i>Diabetes or glucophage or metformin</i>	<i>Y</i>	<i>N</i>	
<i>History of cancer</i>	<i>Y</i>	<i>N</i>	
<i>Chronic illness</i>	<i>Y</i>	<i>N</i>	
<i>Heart disease, Congestive heart Failure</i>	<i>Y</i>	<i>N</i>	
<i>Hypertension</i>	<i>Y</i>	<i>N</i>	
<i>History of urinary tract surgeries</i>	<i>Y</i>	<i>N</i>	
<i>History of multiple myeloma</i>	<i>Y</i>	<i>N</i>	
<i>History of Sickle Cell or Hemolytic Anemia</i>	<i>Y</i>	<i>N</i>	
<i>Age over 65</i>	<i>Y</i>	<i>N</i>	

Allergy to contrast media	Y	N	If yes, pre-treat day before.
Previously pre-treated for contrast media	Y	N	“ “

Pre-med before scan	Y	N	If yes come early w/ driver.
Medication _____			

Creatinine \_\_\_\_\_ Date \_\_\_\_\_

Insurance \_\_\_\_\_ Patients' weight \_\_\_\_\_

**MRI ONLY**

<i>Cardiac Pacemaker or Pacemaker Wires or AICD(difib)</i>	<i>Y</i>	<i>N</i>
<i>Brain Aneurysm Clip(s)</i>	<i>Y</i>	<i>N</i>
<i>If yes to either of these 2 above, patient is not a candidate for MRI</i>		

Implanted Pumps / Electronic Devices	Y	N
Neurostimulator or Mechanical Bone Growth Stimulator	Y	N
Middle Ear Implant (cochlear, stapes)	Y	N
Any Type of Intravascular Coil, Filter, Stent, Shunt or Heart Valve	Y	N

## CT / MRI SCAN INFORMATION

Scheduling Department (541) 317-4311

Located at the North entrance of Bend Memorial Clinic

Pt. Name \_\_\_\_\_ DOB \_\_\_\_\_ Pt. Phone \_\_\_\_\_  
Last, First MI

Pt. P# \_\_\_\_\_ Pt. Med Rec# \_\_\_\_\_ Appt. Date \_\_\_\_\_ Time \_\_\_\_\_ AM / PM

Referring Physician \_\_\_\_\_ Office Phone: \_\_\_\_\_ Patient has return visit on \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### CT SCAN PREPARATION

#### CT SCAN OF THE ABDOMEN and PELVIS

Most CT scans of the abdomen and pelvis require drinking oral prep prior to your study. You will pick up this prep prior to your scan at the BMC Imaging Center. Along with the oral prep, it is important that you **drink extra water**. You may have a small meal prior to your exam. You may take your normal medications.

#### CT VIRTUAL COLONOSCOPY

You will need to pick up a special prep from the Imaging Center and receive instructions at least 24 hours prior to your exam.

#### ALL OTHER CT SCANS

The only preparation for all other CT scans is to arrive well hydrated.

***IF YOU HAVE EVER HAD AN ALLERGIC REACTION TO IV IODINE CONTRAST, PLEASE NOTIFY THE IMAGING CENTER AT LEAST 24 HOURS PRIOR TO YOUR EXAM.***

### MRI SCANS

There is no preparation for most MRI scans unless you are claustrophobic, in which case you need to arrange for someone to drive you home after your scan. If you are scheduled for an MRCP study please have nothing to eat or drink for 4 hours prior to your exam. If you are pregnant, weigh over 300 pounds, have a pacemaker, aneurysm clip, vascular clip, pumps, stimulators, internal hearing aid, middle ear implant, filters or stents, electronic, mechanical or magnetic implant, have had any injury by metal shrapnel, or bullet please call our office and ask to speak to a MRI Technologist. For pediatric patients - call our office for special instructions.

You will be asked to thoroughly complete our MRI pre-screening form and change into gown or scrubs before entering the exam room. You will not be able to take any valuables (watch, wallet, credit cards, cell phone, etc.) into the scan room. After you enter the exam room, the Technologist will position you on a special table. The area to be scanned will be moved into the machine. You will hear some knocking noise during your scan. It is important that you hold very still during your exam. The technologist will control the scanner and monitor the progress of the exam from an adjacent room where she/he is able to see and hear you.

It is important to know that every patient and exam is different. Consequently some scans will take longer or be more involved than others. Allow anywhere from 1 to 2 hours for your appointment. An interpretation of your scan will be sent to your health care provider within 48 hours. Please contact our office and ask to speak with an MRI Technologist if you have any questions regarding your scan.