



Patient's Name: _____ DOB: _____

Home Phone: _____ Cell Phone: _____

Insurance Name: _____ Policy #: _____ Group #: _____

Authorization #: _____

CT / CTA

- 3D Rendering 76376 76377
- SPINE** **w/o** **w & w/o**
- Cervical 72125 72127
- Lumbar 72131 72133
- Thoracic..... 72128 72130
- HEAD / FACE / NECK**
- Brain 70450 70470
- Orbit 70480 70482
- IAC..... 70480 70482
- Pituitary..... 70450 70470
- Sinus..... 70486 70488
- Maxillofacial..... 70486 70488
- TMJ - Mandible..... 70486 70488
- Neck Soft Tissue..... 70490 70492
- CTA Brain / COW..... 70496
- CTA Neck / Carotid..... 70498

- CHEST**
- Routine Chest 71250 71270
- Pulmonary Embolus ... 71275
- Pulmonary Nodules ... 71250 71270
- Aneurysm..... 71250 71270
- CTA Chest..... 71275

- ABDOMEN / PELVIS**
- Abdomen 74150 74170
- Pelvis 72192 72194
- Abdomen / Pelvis..... 74176 74178
- Urogram..... 74178
- Kidney Stone..... 74150 74170
- Triple Phase 74150 74170
- Hemangioma 74150 74170
- Pancreatic..... 74150 74170
- Renal..... 74150 74170
- CTA Abdomen..... 74175
- CTA Abdomen / Pelvis ... 74174
- CTA Pelvis 72191
- CTA Abdominal Aorta Iliofemoral
- Lower Extremity Runoff... 75635

- EXTREMITIES**
- Upper..... R___ L___ 73200 73202
- Lower..... R___ L___ 73700 73702
- CTA Upper Ext. R___ L___ 73206
- CTA Lower Ext. R___ L___ 73706

MRI / MRA

- SPINE** **w/o** **w & w/o**
- Cervical 72141 72156
- Lumbar 72148 72158
- Thoracic..... 72146 72157
- Sacrum / Coccyx..... 72195 72197
- HEAD / FACE / NECK**
- Brain 70551 70553
- Orbit..... 70540 70543
- IAC..... 70551 70553
- Pituitary..... 70551 70553
- Sinus..... 70540 70543
- Neck Soft Tissue..... 70540 70543
- MRA / MRV**
- Brain / COW 70544
- Neck / Carotid 70547
- BODY**
- Abdomen 74181 74183
- Chest / Brachial Plexus 71550 71552
- MRCP 74181 74183
- Pelvis - Soft Tissue..... 72195 72197
- Prostate - Soft Tissue... 72195 72197

MRI MUSCULOSKELETAL

- Lower Extremity** **w/o** **w & w/o**
- Ankle R___ L___ 73721 73723
- Foot..... R___ L___ 73718 73720
- Tibia / Fibula R___ L___ 73718 73720
- Toe..... R___ L___ 73718 73720
- Heel..... R___ L___ 73721 73723
- Hip..... R___ L___ 73721 73723
- Knee..... R___ L___ 73721 73723
- Femur..... R___ L___ 73718 73720
- Upper Extremity**
- Elbow R___ L___ 73221 73223
- Finger..... R___ L___ 73218 73220
- Forearm.... R___ L___ 73218 73220
- Hand..... R___ L___ 73221 73223
- Shoulder.... R___ L___ 73221 73223
- Wrist..... R___ L___ 73221 73223
- Humerus R___ L___ 73218 73220

LAB RESULTS

BUN: _____ CREATINE: _____

Date Drawn: _____

ULTRASOUND

- RADIOLOGY ULTRASOUND** **CPT**
- Abdominal Complete 76700
- Abdominal Limited 76705
(liver, gall bladder, pancreatic, spleen)
- Abdominal Single Organ 76705
- Retroperitoneum Complete 76770
(aorta, kidneys, pancreas)
- Pelvic Complete (transabdominal) 76856
- Pelvic Limited (transabdominal) 76857
- Thyroid 76536
- Groin / Hernia..... 76705
- Testicles / Scrotum 76870
- Renal Limited (kidney)..... 76775
- OB < 14 Weeks (transabdominal) 76801
- OB > 14 Weeks (transabdominal) 76805
- OB < 18 Weeks (transabdominal) 76811
- OB: Biophysical Profile 76818
- ECHOCARDIOGRAPHY**
- Echocardiogram 93306+93325+93320
- 2D M-Mode Echo 93307+93320
- VASCULAR DOPPLER**
- Carotid Arteries..... 93880
- Bilateral Ext Venous Doppler 93970+93965
- Unilateral Ext Venous Doppler.... 93971+93965
- Segmental Press 93922
- Lower Ext Arteries w/Doppler ... 93925+93922
- Upper Ext Arteries w/Doppler 93930
- IVC / Aorta / Iliac Doppler 93978
- Renal Artery w/Doppler..... 93975
- Testicular w/Doppler..... 93976
- Abdominal Aorta w/Doppler 76775+93978

Phone: _____ Fax: _____

Physician Signature: _____

(Patients 60+ need blood work for any MRI and/or CT scan performed with contrast.)

Attorney: _____

Attorney Phone #: _____

Date of Accident: _____

Claim #: _____

*** Please bring your insurance cards, referral/authorization and any previous films of the body area scanned with this prescription.**

Diagnosis/ Special Remarks: _____

Referring Physician: _____

NPI: _____

Tax ID: _____

**2825 North University Drive, Suite 100
Coral Springs, FL 33065
954-688-7256 (PALM) • Fax: 954-688-7750
www.PalmsMRI.com
TAX ID # 203378480**

CT SCAN WITH NO CONTRAST:

No preparation is required unless specifically listed below.

CT SCAN WITH CONTRAST:

Food: Nothing but clear liquids 4 hours prior to the exam.

60 years or older: Patients 60 years or older require blood (BUN & Creatinine) no older than 30 days.

Dialysis Patients: Patients currently on dialysis require blood work (BUN & Creatinine) no older than 30 days. Patients should have CT exam as soon as possible prior to dialysis so patient can have dialysis to clear contrast later that day or the next day.

Diabetic Patients: Patients who are diabetic require blood work (BUN & Creatinine) no older than 30 days. Patients taking Glucophage, Glucovance or any other medication containing metformin you must discontinue use of this medication for the day of and 48 hours after the examination.

Asthma History: Patients who have any history of asthma require pre-medication. (Your doctor will write a prescription for pre-medication.) Patient must pick up from pharmacy no later than noon the day before the scan.

Allergies: Patients with allergies to shellfish, seafood or iodine may require pre-medication. If the patient has itchiness/hives/rash pre-medicate the patient. If the patient has shortness of breath/closing of throat we cannot perform exam with contrast.

All **CT ANGIOGRAPHY** studies will receive **IV CONTRAST ONLY.**

CT Instructions - Pelvis / Abdomen

CT with a Diagnosis of AAA (Abdominal Aortic Aneurysm) **DO NOT** take barium

CT Renal Exams

- CT with diagnosis of renal (kidney) stones - **DO NOT** take barium OR IV contrast.
- CT with diagnosis of renal (kidney) carcinoma - **DO** take barium. (Patient will take two bottles of barium; first bottle 2 hours before the exam; second bottle 1 hour before exam).
- CT with diagnosis of renal (kidney) mass - **DO** take 2 bottles of barium. (Patient will take 2 bottles of barium; first bottle 2 hours before the exam; second bottle 1 hour before exam).

CT Abdomen Plain: Nothing but clear liquids 4 hours prior to exam. Patient is to be prepped with barium unless this is a renal study. (Patient will take one bottle of barium one hour before exam).

CT Abdomen w/wo: Nothing but clear liquids 4 hours prior to exam. Patient is to be prepped with barium unless this is a renal stone study. (Patient will take one bottle of barium one hour before scan).

CT Pelvis Plain: Nothing but clear liquids 4 hours prior to exam. Patient is to be prepped with barium unless this is a renal study. (Patient will take two bottles of barium; first bottle 2 hours before the exam; second bottle one hour before exam).

CT Pelvis w/wo: Nothing but clear liquids 4 hours prior to exam. Patient is to be prepped with barium unless this is a renal study. (Patient will take two bottles of barium; first bottle 2 hours before the exam; second bottle one hour before exam).

CT Abdomen and Pelvis Plain: Nothing but clear liquids 4 hours prior to exam. Patient is to be prepped with barium unless this is a renal study. (Patient will take two bottles of barium; first bottle 2 hours before the exam; second bottle one hour before exam).

CT Abdomen and Pelvis w/wo: Nothing but clear liquids 4 hours prior to exam. Patient is to be prepped with barium unless this is a renal study. (Patient will take two bottles of barium; first bottle 2 hours before the exam; second bottle one hour before exam). For diabetic patients taking Glucophage, Glucovance or any other medication containing metformin you must discontinue use of this medication for the day of and 48 hours after the examination.

CT Urogram - Exam Preparation

- **No Barium/MORE THAN LIKELY WILL ALWAYS REQUIRE IV CONTRAST.**
- No solid food 4 hours prior to the exam.
- Drink water, there is no restriction on your water intake.
- If you are allergic to IV iodinated contrast or shellfish, please contact our office for further instructions.

MRI Exams:

No surgeries within 8 weeks prior to your exam. **NO PACEMAKERS.** If you have any type of stent, ear implant, aneurysm clip, or ANY type of metal please bring documentation identifying it. Bring all correlating films of area being diagnosed.
MRCP Exams: No food or drink 8 hours prior to your exam.

Ultrasound Exams:

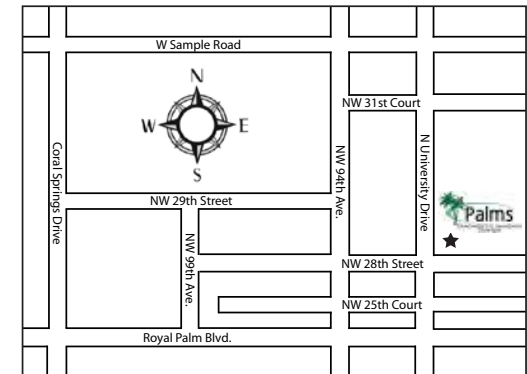
Abdominal Complete: No food or liquids 8 hours prior to your exam.

Retro Complete: No food or liquid 8 hours prior to exam if looking at the Aorta or Pancreas.

Pelvic Transabdominal: Drink 32oz. of water one hour prior to your exam.

OB Exams: Greater than 14 weeks, drink 32oz. of water one hour prior to your exam time.

Less than 14 weeks, drink 32oz. water ½ hour before your exam time.



Palms MRI is conveniently located on the N.E. corner of 28th Street on University Drive.

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www.PalmsMRI.com**