

Insurance:

Authorization#:

Fax Completed Order To: (360) 330 – 8776

Date / Time of Exam: _____

IMPORTANT: Medicare and other insurers require specific / definitive diagnosis(es), sign(s) or symptom(s) to reflect the "medical necessity" for each test. **Rule out, possible or probable conditions cannot be coded.**
For Medicare Policy Information see the Part B Bulletin or www.nordian.com/medweb

Patient's Name: _____
DOB: _____ **Phone:** _____
Requested Exam: _____
ICD-10 & Symptoms: _____

Verbal report to doctor **Fax preliminary**
 Send CD only **Fax final copy**
 Send films on disk / film **FAX #:** _____
 Patient may leave **Hold patient**
MD Name (print): _____
MD Signature: _____
Date of Request: ____/____/____ **Time:** _____

UPPER EXTREMITIES		CHEST		SPINE PELVIS		ULTRASOUND		NUCLEAR MED		
AC Joints	73050	Chest 1v	71010	C Spine 3v	72040	Abdomen	76700	Bone (WB) Comp	78306	
Bone Age	77072	Chest 2v	71020	C Spine Comp 5v	70250	Abdomen Limited	76705	Bone SPECT	78320	
Bone Survey		Ribs Uni	71100	LS Spine 3v	72100	Aorta Screening Only or Other		Bone 3 Phase	78315	
Bone Survey - Mets	77074	Ribs Bil	71110	LS Spine Comp 5v	72110	Arterial-Ankle/Branch (ABI) – to include rest, exercise & segmental pressures 93924		Gastric Emptying	78264	
Clavicle	73000	Sternum	71120	Pelvis 1 v	72170	Art. Segmental Pressure		HIDA	78226	
Elbow Lim	73070	ABDOMEN		Sacrum/Coccyx	72220	Arterial Duplex		HIDA w/ CCK	78227	
Elbow Comp	73080	Abd 1v (KUB)	74000	Scoliosis 1v/2v	72082	Breast RT LT		Lung (VQ)	78587	
Fingers	73140	Abd 2v	74020	SI Joints	72202	Breast Core Biop. RT LT		Muga Scan	78472	
Forearm	73090	Abd 3v inc. Chest PA	74022	Spine any level 1v	72020	Breast Cyst Aspir. RT LT		Myocardial Perfusion:		
Hand 3v Comp	73130	BE	74270	T-L Junction 2v	72080	Carotid Duplex		<input type="checkbox"/> w/ Lexiscan	78542	
Humerus	73060	BE with Air	74280	T spine 3v	72072	Extremity Non-Vascular		<input type="checkbox"/> w/ Treadmill	78542	
Infant ↑ Extrem. (Less Than 1 yr)	73092	Esophagram w/ Speech	74230	Flexion/Extension		Groin RT LT		Renal	78707	
Scapula	73010	Esophagram	74220	MAMMOGRAPHY		OB-Biophysical Profile		Renal w/ Lasix	78708	
Shoulder Comp	73030	Small Bowel	74250	Screening (Asymptomatic)		OB < 14weeks w/ TVs 76817 + 76801		Thyroid Scan/Uptake	78014	
Wrist 4v Comp	73110	UGI	74241	Mammogram		OB 14+ weeks – Fetal Survey Only		CT SCAN		
LOWER EXTREMITIES		UGI w/ Air	74246	Bilateral Diagnostic Mammogram		OB F/U		(W, W/O – IV Contrast)		
Ankle Comp	73610	UGI & Sm. Bowel	74245	Unilateral Diagnostic Mammogram RT or LT		OB Limited		(Oral-Circle below if desired)		
Femur	73550	HEAD AND NECK		DEXA/ Bone Densitometry 77080		76816		Abdomen w/o (oral)	74150	
Foot	73630	Facial Bones	70140	UROLOGICAL		76815		Abdomen w/ (oral)	74160	
Hip		Mandible	70110	Cystogram/Vdng. Cysto		49083		Abdomen w/o (oral)	74176	
Infant ↓ Extrem. (Less than 1 yr)	73592	Nasal bones	70150	IVP	74400	(Circle Albumin below if desired)		Abd/Pelv w/ (oral)	74177	
Patella/Notch	73560	Orbits	70200	MISC. EXAM(S)		Albumin if over 5L (6-8 grams of 25% for every 1,000mls removed)		Abd/Pelv w w/o (oral)	74178	
Knee: 2v /3v including sunrise/ 4v including obliques		Sinus 1v(Waters)	70210			Pelvic w/ TVs 76856 + 76830		Cervical w/o	72125	
OS Calcis	73650	Sinuses 4v	70220			Transabdominal Only		Chest w/o	71250	
Tibia Fibula	73590	Skull Lim 2v	70250			Pelvic Lim. Bladder Only		Chest w/	71260	
Toes	73660	Soft Tissue Neck	70360			76856		Chest w w/o	71270	
Magnetic Resonance Imaging (MRI) – Laterality (circle): RT LT						Renal		Extremity: RT or LT		
Abd. wo (MRCP)	74181	C-Spine wo	72141	Extremity w/joint w/o contrast		Renal Artery Doppler		Upper w/o 73200 w/ 73201		
Abdomen w w/o	74183	C-Spine w w/o	72156	<input type="checkbox"/> Hip/knee/ankle	73721	Scrotum		Lower w/o 73700 w/ 73701		
Abd. (MRA) w w/o	74185	T-Spine wo	72146	<input type="checkbox"/> Shoulder/wrist		Thoracentesis w/ 1v CXR RT or LT		Facial Bones w/o		70486
Brain w/o	70551	T-Spine w w/o	72157	Extremity w/joint w/ contrast		Thyroid		Head w/o		70450
Brain w w/o	70553	Lumbar wo	72148	<input type="checkbox"/> Hip/knee/ankle	73722	Thyroid FNA RT or LT		Head w/		70460
Brain MRA w/o	70544	Lumbar w w/o	72158	<input type="checkbox"/> Shoulder/wrist		Venous Doppler:		Head w w/o		70470
Neck MRA w w/o	70549	Pelvis wo	72195	Extremity w/jnt w w/o contrast		Upper Ext RT or LT		Lumbar w/o		72131
Neck soft tiss. w w/o	70543	Pelvis w w/o	72197	<input type="checkbox"/> Shoulder/wrist	73223	Upper Ext Bil		Mandible w/o		70486
Other:				Extremity non joint w/o contrast		Lower Ext RT or LT		Orbits w/o		70480
				<input type="checkbox"/> Femur,tib/fib,foot	73718	Upper Ext Bil		Orbits w/		70481
				<input type="checkbox"/> Uppr/forearm,hand		Upper Ext Bil		Sinus w/o Limited		70486
				Extremity non jnt w w/o contrast		CTA's		Soft Tissue Neck w/o		70490
				<input type="checkbox"/> Femur,tib/fib,foot	73220	Abdomen		Soft Tissue Neck w/		70491
				<input type="checkbox"/> Uppr/forearm,hand		Abd. w/ Ext runoff		Soft Tissue Neck w w/o		70492
						Chest PE or Aorta		Sternum w/o		71250
						Head		Thoracic w/o		72128
						Neck		TMJ's w/o		70486
						Pelvis				

PHYSICIAN ORDERS: DIAGNOSTIC IMAGING

Form 54029 (2/17)

Patient Identification:

YOUR EXAM IS SCHEDULED AT: PROVIDENCE IMAGING CENTER
908 S. Scheuber Road Centralia, Wa 98531
Phone: (360) 330 – 8880

Date of Appointment: ____/____/____ Time of Appointment: _____ Check-in-Time: _____



PROVIDENCE IMAGING CENTER – OFF SCHEUBER ROAD

DRIVING DIRECTIONS TO: Providence Imaging Center

Directions from I-5 going North:

Take Exit 81 (Mellen Street)
Go thru 1st stop light, 2nd stop light will be Mellen St
Turn left onto Mellen St, which will turn into Cooks Hill
Follow road approximately ½ mile
Turn left on S. Scheuber Rd
Providence Imaging Center 1st Driveway on the left

Directions from I-5 going South:

Take Exit 82 (Harrison Ave), Go thru stop light
Follow side road to Mellen Street Stop Light
Turn right onto Mellen St, which will turn into Cooks Hill Rd.
Follow road approximately ½ mile
Turn left on S. Scheuber Rd
Providence Imaging Center 1st Driveway on the left

YOUR EXAM IS SCHEDULED AT: PROVIDENCE CENTRALIA HOSPITAL
DIAGNOSTIC IMAGING
914 S. Scheuber Road Centralia, Wa 98531
Phone: (360) 330 – 8507

Date of Appointment: ____/____/____ Time of Appointment: _____ Check-in-Time: _____



PROVIDENCE CENTRALIA HOSPITAL DIAGNOSTIC IMAGING DEPT – OFF SCHEUBER

DRIVING DIRECTIONS TO: Providence Centralia Diagnostic Imaging

Directions from I-5 going North:

Take Exit 81 (Mellen Street)
Go thru 1st stop light, 2nd stop light will be Mellen St
Turn left onto Mellen St, which will turn into Cooks Hill
Follow road approximately ½ mile
Turn left on S. Scheuber Rd
Providence Centralia Hospital 3rd Driveway on the left

Directions from I-5 going South:

Take Exit 82 (Harrison Ave), Go thru stop light
Follow side road to Mellen Street Stop Light
Turn right onto Mellen St, which will turn into Cooks Hill Rd.
Follow road approximately ½ mile
Turn left on S. Scheuber Rd
Providence Centralia Hospital 3rd Driveway on the left

**ARRIVE 15 MINUTES EARLY FOR APPOINTMENT, UNLESS INSTRUCTED OTHERWISE.
PATIENT INSTRUCTIONS:**

X-RAY

Upper GI Study

Nothing to eat or drink after midnight the night before the exam.

Esophagus (Barium Swallow)

No preparation is necessary.

Small Bowel

Nothing to eat or drink after midnight the night before the exam. EXAM AVERAGES 2-4 HOURS IN LENGTH, BUT MAY LAST LONGER

Barium Enema

Exam takes approximately 1 hour. Starting at 4pm the day before the exam, drink the full container of COLYTE® (a prescription is needed from your physician for COLYTE), drinking 7-10 ounces every 10 minutes until finished or until bowel movements are very clear. You may have a clear liquid diet the evening before the exam.

DO NOT eat or drink anything after midnight the night before the exam.

Venogram

Lab values needed. No preparation needed.

Intravenous Pyelogram (IVP)

Lab values needed. Nothing to eat two (2) hours prior.

Mammogram

No preparation is necessary but no powder or deodorant should be worn.

CT – COMPUTERIZED TOMOGRAPHY

Head CT

DO NOT eat anything 2 hours prior to your exam. You may have liquids.

Abdomen / Pelvic

If instructed arrive 1 hour early. You will be given a bottle of contrast solution by the X-ray Department. Drink entire contents of bottle over a 1 hour period before your CT Scan. **DO NOT** eat anything for 2 hours prior to your exam. (EXAM DEPENDENT)

Chest

Nothing to eat two (2) hours prior to CT Scan.

Sinus CT / Spine CT & Miscellaneous

No preparation is necessary.

ULTRASOUND PREPARATIONS

Early OB U/S less than 12 weeks

Drink 1 qt of water 1 hour before exam. Bladder must be full for this exam. *Please note that no filming or photography is permitted within the exam room.*

Late OB U/S over 12 weeks

Drink 2 glasses of water 1 hour before exam. **DO NOT EMPTY YOUR BLADDER** before exam. *Please note that no filming or photography is permitted within the exam room.*

Abdomen Ultrasound

Nothing to eat or drink, and no gum chewing 8 hours prior to exam.

Pelvic Ultrasound

1 hour prior to exam, have 1 quart of water already drank. **DO NOT EMPTY YOUR BLADDER** before exam.

Renal Ultrasound

Be well hydrated before the exam. **DO NOT EMPTY YOUR BLADDER** less than 1 hour prior to exam.

Venous Incompetence Tests

Wear shorts with loose fitting legs.

NUCLEAR MEDICINE

Bone Scan (Total Body, Limited or SPECT)

No preparation.

Lung Scan (VQ)

No preparation. Patient must have chest x-ray within 4 hours of VQ.

Hepatobiliary (HIDA)

Nothing to eat or drink four (4) hours before exam. No narcotics 4 hours before exam.

Thyroid

No iodine contrast or Thyroid medications for 3 weeks. Nothing to eat after midnight.

Gastric Emptying

Nothing to eat or drink eight (8) hours prior to study.

Myocardial Perfusion

Nothing to eat or drink (4) hours prior to stress test. No caffeine 12 hours prior to stress. No beta blocker 24 hours prior to treadmill stress test.

MAGNETIC RESONANCE IMAGING - MRI

Exam averages 30 minutes to 1 hour, but may take longer. For Abdomen scans, **DO NOT** eat or drink anything 6 hours prior to exam. All other exams require no caffeine before scan. Wear clothing without metal. Sweatpants, a t-shirt are recommended. You will be asked to wear no make and to remove all piercings, jewelry and dentures.

PLEASE NOTIFY SCHEDULING:

If you have any implanted devices to ensure we are able to do your MRI

If your MRI is ordered with and without IV contrast and you have any of the following conditions:

- Age is greater than 60
- History of Kidney disease, including: Dialysis, Kidney transplant, Single Kidney, Kidney surgery,
- History of known cancer involving the Kidney(s)
- History of High blood pressure
- History of diabetes mellitus.