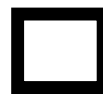




1133 W. Sycamore St., Willows, CA 95988
 Phone: (530) 934-1801
 Fax: (530) 934-1828



199 E. Webster St., Colusa, CA 95932
 Phone: (530) 619-0800
 Fax: (530) 619-0340

Diagnostic Imaging Requisition

Patient should bring this form to their appt. Patient Name: _____ DOB: _____ Patient Phone: _____	Office Phone: _____ Office Fax: _____ Ordering Provider: _____ Signature: _____	STAT FAX <input type="checkbox"/> _____ Phone Report <input type="checkbox"/> _____
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Insurance Co. _____ Attach Ins. card or Auth: _____

Clinical Indication for Exam: _____ GFR, BUN & Creatinine required for all IV contrast studies

GENERAL X-RAY						CT		MRI	
HEAD & NECK						Brain w/o contrast		Brain w/o contrast	
Facial Bones		Chest 1 view			KUB	Brain wo/w contrast		Brain wo/w contrast	
Mandible		Chest 2 view			Abdominal Series	Maxillofacial		Brain Seizure wo/w con	
Nasal Bones		Ribs <input type="checkbox"/> LT <input type="checkbox"/> RT			w/1 view chest	Sinuses		Brain 1 AC's wo/w con	
Sinus Series		w/1 view chest			Abd: Flat & Upright	Neck (soft tissue) w/IV con		Brain Orbits wo/w con	
Skull Series		Sternum				Chest w/o IV con		Soft Tissue Neck	
Orbits		Sternoclavicular Jts.				Chest w/IV con		Cervical Spine	
Soft tissue Neck					SPINE	Low Dose Chest		Thoracic Spine	
					1 View Pelvis	Chest/Abd/Pel w/o IV con		Lumbar Spine	
					Sacro & Coccyx	Chest/Abd/Pel w/ IV con		Lumbar Spine	
					Sacro-Iliac Jts.	Abd & Pelvis w/o IV con		(wo/w contrast if previous surgery)	
EXTREMITIES						Abd & Pelvis w/IV con		Abdomen (specify)	
LT AC Joints	RT	LT Hip	RT		Cervical Spine	Abdomen 3 Phase		GYN Pelvis wo/w con	
LT Shoulder	RT	LT Femur	RT		3view 5view * 7 view	wo/w (upper only)		Pelvis w/o (Bony)	
LT Clavicle	RT	LT Knee	RT		Lumbar Spine	Pelvis w/ IV con		Hips (Left) (Right)	
LT Scapula	RT	LT Tib/Fib	RT		3view 5view * 7 view	CONTRAST (ORAL)			
LT Humerus	RT	LT Ankle	RT		* 7 V adds Flex & Ext	PLEASE CIRCLE			
LT Elbow	RT	LT Calcaneus	RT		Thoracic Spine	Pelvis w/o (Bony)			
LT Forearm	RT	LT Foot	RT		Thoraco-Lumbar Spot				
LT Wrist	RT	LT Toe(s)	RT		Scoliosis Series	Hips			
LT Hand	RT	which ones? 1 2 3 4 5				Extrem. Upper <input type="checkbox"/> LT <input type="checkbox"/> RT		EXTREMITIES	
LT Finger(s)	RT				OTHER	(Specify)		Extrem. Upper <input type="checkbox"/> LT <input type="checkbox"/> RT	
		which ones? 1 2 3 4 5			Screening Mammogram	Extrem. Lower <input type="checkbox"/> LT <input type="checkbox"/> RT		(Specify)	
					Mammo Uni <input type="checkbox"/> LT <input type="checkbox"/> RT	(Specify)		Extrem. Lower <input type="checkbox"/> LT <input type="checkbox"/> RT	
					C-ARM	CTA		(Specify)	
ULTRASOUND						Circle of Willis (COW)		*for Osteomyelitis add con wo/w	
Abdomen		Scrotal/Testicular				Carotids			
RUQ/Limited ABD		Pelvic Transabd.				Chest - PE		MRA	
Renal & Bladder		include Transvaginal			VASCULAR SONO	Chest & Abdomen		Circle of Willis (COW)	
Aorta		OBSTETRICAL			Carotids	Abdomen & Pelvis		Carotids	
Thyroid		1st Tri (0-14 weeks)			Echocardiogram	Runoff		Renal	
Soft Tissue - Ext		2-3 Tri (14-40 weeks)			Ext. Lower Arterial			Abdomen & Pelvis	
Soft Tissue - Chest/Trunk		Biophysical Profile			Ext. Lower Venous	SPINE		Runoff	
US Guided (Specify)						CT Cervical Spine			
						CT Thoracic Spine		OTHER	
						CT Lumbar Spine			

Other procedure not listed: _____

Technologist notes: _____

<u>CPT CODE</u>	<u>PROCEDURE</u>	<u>INDICATION FOR EXAM</u>
	Head & Neck	
70450	CT brain w/o	HA, CVA, Trauma, Bleed
70470	CT Brain w/wo	Lesions
70486	CT Maxillofacial/Sinus w/o	Sinusitis, Trauma
70487	CT Maxillofacial w/	Swelling/Infection
70480	CT Orbits	Blow out FX, Orbit eval
70491	CT Soft Tissue Neck w/	Swelling/Mass
	Chest	
71250	CT Chest w/o	Nodules/Effusion
71260	CT Chest w/	Mass
71270	CT Chest/Abdomen/Pelvis	CA, Infection
	Abdomen & Pelvis	
74176	CT Adomen & Pelvis w/o	Stones, Appy, Trauma
74177	CT Abdomen & Pelvis w/	Eval Organs
74170	CT 4 Phase Abdomen wo/w	Eval Liver/Pancreas
73700LT & 73700RT	CT Hip w/o	Fall, Trauma, Pain, FX
72192	CT Pelvis w/o	Fall, Trauma, Pain, FX
72193	CT Pelvis w/	Infection, Soft Tissue
	Spines	
72125	CT Cervical Spine	Radiculopathy, Neck Pain
72128	CT Thoracic Spine	Radiculopaathy, Compression FX
72131	CT Lumbar Spine	LBP, FX, Sciatica
	CTA	
71275	CTA Chest	PE
74175	CTA AAA	Aneurysm/Dissection
70498	CTA Carotids	Occulsion
70496	CTA Brain/COW	Aneurysm/Occlusion

Exam Contraindications and Preparations:

Please arrive at the front lobby of the hospital 15 minutes before your scheduled appointment time to allow for the registration process.

After the exam: The results will be sent to your ordering physician. Please allow 2 business days before contacting your physician.

General X-ray

Before the exam: Take all medications as usual. You may eat and drink as usual unless specific instructions were provided to you for your specific exam.

Mammo

On the day of your exam, please do not use deodorants, powders, perfumes, or lotions on or about your breasts. Please wear a two-piece outfit if possible.

Ultrasound & Vascular Sono

Pelvic, OB Bladder, and/or Renal (Kidney) exams: **Start** drinking 32oz of fluids 1 ½ hours **and finish 1 hour before** appointment time.

Do not urinate. Bladder must be full for this exam.

Abdomen (Liver, Pancreas, Gallbladder, Aorta, Spleen): After midnight before the exam, nothing to eat or drink, and no smoking or chewing gum.

CT

Before the exam: Take all medications as usual. Do not eat or drink for three (3) hours prior to drinking oral contrast for abdomen and pelvis studies.

MRI & MRA

Before the exam: Take all medications as usual. You may eat and drink as usual. Wear comfortable clothing without any metal.

Tell your doctor if you are claustrophobic.

The following items may exclude you from having an MRI or MRA study. Please contact the Radiology Department at (530) 934-1801 (Glenn Medical Center) OR (530) 619-0800 (Colusa Medical Center) if any of these apply to you, or if you have any questions.

- | | | |
|---|---|---|
| <input type="checkbox"/> Pacemaker | <input type="checkbox"/> Ear Implants | <input type="checkbox"/> Artificial Heart Valves |
| <input type="checkbox"/> Unable to lie flat | <input type="checkbox"/> Pregnancy | <input type="checkbox"/> History of metal fragments in eye(s) |
| <input type="checkbox"/> Cerebral Aneurysm Clip | <input type="checkbox"/> Claustrophobia | <input type="checkbox"/> Weight over 349 lbs. |
| <input type="checkbox"/> Shrapnel | | |