HSHS St. Anthony's Memorial Hospital

CT ORDER FORM

Pre-Authorization Number_____

Diagnoses/Indications: (Required for Reimbursement)

1._____

2._____

3._____

Name:_____

Date of Birth:_____

Type of Order: ❑ STAT ❑ Routine ❑ Call Result ❑ Fax Result

Phone Number_____

Fax Number_____

CPT	HEAD
70450	Head w/o IV contrast (ROUTINE)
70470	Head w/wo IV contrast*
70486	Facial Bone w/o IV contrast (ROUTINE) Attn:_____
70487	Facial Bones with IV contrast* Attn: _____
70480	Orbits w/o IV contrast (ROUTINE)
70481	Orbits with IV contrast*
70486	Sinus w/o IV contrast (ROUTINE)
70487	Sinus with IV contrast*
70480	Temporal Bones w/o IV contrast (ROUTINE) ❑ IAC/Middle Ear ❑ Mastoids
	SPINE
72125	Cervical Spine – Vertebra (Entire spine will be imaged)
72131	Lumbar Spine – Velebra (Entire spine will be imaged)
72128	Thoracic Spine – Verebra (Entire spine will be imaged)
72125	Cervical Spine – Disc (post myelogram)
72131	Lumbar Spine – Disc (post myelogram)
72128	Thoracic Spine – Disc (post myelogram)
	NECK
70490	Neck w/o IV contrast
70491	Neck with IV contrast* (ROUTINE)
70491	Sialography with IV contrast* Attn: _____
	CHEST
71260	Chest with IV contrast only* (ROUTINE)
71250	Chest w/o IV contrast
71275	Chest for PE with IV contrast only*
71250	High Resolution Chest w/o IV contrast (ROUTINE) Prone and Supine
G0297	Low Dose Lung Screening
75571	Calcium Scoring Heart Scan w/o Contrast
	ABDOMEN/PELVIS
74176	Renal Stone w/o IV contrast
74178	IVP w/wo IV contrast*
74160	Abdomen with IV contrast* (ROUTINE) (diaphragm to iliac crest)
74150	Abdomen w/o IV contrast (diaphragm to iliac crest)
74177	Abdomen/Pelvis with IV contrast* (ROUTINE)
74176	Abdomen/Pelvis w/o contrast
72193	Pelvis with IV contrast* (ROUTINE)
72192	Pelvis w/o contrast
74170	3 Phase Liver/Pancreas w/wo IV contrast* (Abdomen Only)
	❑ Check box if oral contrast (Gastroview) will be given instead of patient drinking water
	INSTRUCTIONS:

CPT	EXTREMITY
73200	Upper Extremity w/o IV contrast (ROUTINE) ❑ Right ❑ Left Specify body part:_____
73202	Upper Extremity w/wo IV contrast* ❑ Right ❑ Left Specify body part:_____
73200	Bilateral Upper Extremity w/o IV contrast ❑ Right ❑ Left Specify body part:_____
73202	Bilateral Upper Extremityw/wo IV contrast* ❑ Right ❑ Left Specify body part:_____
73700	Lower Extremity w/o IV contrast ❑ Right ❑ Left Specify body part:_____
73702	Lower Extremity w/wo IV contrast* ❑ Right ❑ Left Specify body part:
73700	Bilateral Lower Extremity w/o IV contrast ❑ Right ❑ Left Specify body part:_____
73702	Bilateral Lower Extremity w/wo IV contrast ❑ Right ❑ Left Specify body part:_____
72192	Pelvis (bone)
	SPECIALS
77012	❑ CT Guided Biopsy Specify location:_____ ❑ Kidney Biopsy with Mayo consult ❑ Checking for Lymphoma PT, PTT, INR needed prior to procedure (Supplies used will be charged to patient)
75989	❑ CT Drainage with Catheter placement Specify location:_____ Labs needed on fluid collected:_____ PT, PTT, INR needed prior to procedure (Supplies used will be charged to patient) ❑ PT, PTT, INR needed ❑ Moderate sedation needed
	CT ANGIOGRAPHY
74175	Abdominal Aorta with IV contrast only*(ROUTINE)
74150	Abdominal Aorta w/o IV contrast
71275	Thoracic Aorta with IV contrast only* (ROUTINE)
71250	Thoracic Aorta w/o IV contrast
75635	CTA Aorta with run off with IV contrast only
74175	CTA Renal Arteries w/wo IV contrast only*
74175	CTA Mesenteric w/wo IV contrast only*
71275	CTA Chest with IV contrast only*
70498	CTA Carotid Arteries with IV contrast only*
70496	CTA Circle of Willis (Cerebral Arteries) with IV contrast only*
73206	CTA Upper Extremity with IV contrast only* location: _____
	SCHEDULED DATE & TIME:

Exams with a * include an order for Creatinine in patients that re age 60 or older or who have other risk factors for renal disease if one has not been obtained within the last 2 weeks. Contrast will not be given if GFR is less than 30. GFR levels between 30 and 40 will be evaluated by a radiologist regarding use of contrast.

DATE _____ TIME _____ SIGNATURE _____

Registration Fax: (217) 347-1377 **Scheduling Phone: (217) 347-1540**

C7321_094
Rev: 12/28/2017
9-18-2019 10:23:07 AM

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503 North Maple Street • Effingham, Illinois 62401