



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	CPT	EXTREMITY
70450	Head w/o IV contrast (ROUTINE)	73200	Upper Extremity w/o IV contrast (ROUTINE) <input type="checkbox"/> Right <input type="checkbox"/> Left Specify body part: _____
70470	Head w/wo IV contrast*	73202	Upper Extremity w/wo IV contrast* <input type="checkbox"/> Right <input type="checkbox"/> Left Specify body part: _____
70486	Facial Bone w/o IV contrast (ROUTINE) Attn: _____	73200	Bilateral Upper Extremity w/o IV contrast <input type="checkbox"/> Right <input type="checkbox"/> Left Specify body part: _____
70487	Facial Bones with IV contrast* Attn: _____	73202	Bilateral Upper Extremityw/wo IV contrast* <input type="checkbox"/> Right <input type="checkbox"/> Left Specify body part: _____
70480	Orbits w/o IV contrast (ROUTINE)	73700	Lower Extremity w/o IV contrast <input type="checkbox"/> Right <input type="checkbox"/> Left Specify body part: _____
70481	Orbits with IV contrast*	73702	Lower Extremity w/wo IV contrast* <input type="checkbox"/> Right <input type="checkbox"/> Left Specify body part: _____
70486	Sinus w/o IV contrast (ROUTINE)	73700	Bilateral Lower Extremity w/o IV contrast <input type="checkbox"/> Right <input type="checkbox"/> Left Specify body part: _____
70487	Sinus with IV contrast*	73702	Bilateral Lower Extremity w/wo IV contrast <input type="checkbox"/> Right <input type="checkbox"/> Left Specify body part: _____
70480	Temporal Bones w/o IV contrast (ROUTINE) <input type="checkbox"/> IAC/Middle Ear <input type="checkbox"/> Mastoids	72192	Pelvis (bone)
	SPINE		SPECIALS
72125	Cervical Spine - Vertebra (Entire spine will be imaged)	77012	<input type="checkbox"/> CT Guided Biopsy Specify location: _____ <input type="checkbox"/> Kidney Biopsy with Mayo consult <input type="checkbox"/> Checking for Lymphoma PT, PTT, INR needed prior to procedure (Supplies used will be charged to patient)
72131	Lumbar Spine - Velebra (Entire spine will be imaged)	75989	<input type="checkbox"/> 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) <input type="checkbox"/> PT, PTT, INR needed <input type="checkbox"/> Moderate sedation needed
72128	Thoracic Spine - Verebra (Entire spine will be imaged)		CT ANGIOGRAPHY
72125	Cervical Spine - Disc (post myelogram)	74175	Abdominal Aorta with IV contrast only* (ROUTINE)
72131	Lumbar Spine - Disc (post myelogram)	74150	Abdominal Aorta w/o IV contrast
72128	Thoracic Spine - Disc (post myelogram)	71275	Thoracic Aorta with IV contrast only* (ROUTINE)
	NECK	71250	Thoracic Aorta w/o IV contrast
70490	Neck w/o IV contrast	75635	CTA Aorta with run off with IV contrast only
70491	Neck with IV contrast* (ROUTINE)	74175	CTA Renal Arteries w/wo IV contrast only*
70491	Sialography with IV contrast* Attn: _____	74175	CTA Mesenteric w/wo IV contrast only*
	CHEST	71275	CTA Chest with IV contrast only*
71260	Chest with IV contrast only* (ROUTINE)	70496	CTA Carotid Arteries with IV contrast only*
71250	Chest w/o IV contrast	70496	CTA Circle of Willis (Cerebral Arteries) with IV contrast only*
71275	Chest for PE with IV contrast only*	73206	CTA Upper Extremity with IV contrast only* location: _____
71250	High Resolution Chest w/o IV contrast (ROUTINE) Prone and Supine		SCHEDULED DATE & TIME:
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) <input type="checkbox"/> Check box if oral contrast (Gastroview) will be given instead of patient drinking water		
	INSTRUCTIONS:		

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





MRI ORDER FORM

Pre-Authorization Number _____
Diagnoses/Indications: (Required for Reimbursement)
1. _____
2. _____
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Name: _____
Date of Birth: _____
Type of Order: STAT Routine
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CPT	HEAD	CPT	ABDOMEN
70551	Brain w/o contrast (ROUTINE)	74181	Abdomen w/o contrast
70553	Brain w and w/o contrast*	74183	Abdomen w and w/o contrast* (ROUTINE)
70551	IAC w/o contrast	74181	Adrenal with Chemical Shift Imaging w/o contrast
70553	IAC w and w/o contrast* (ROUTINE)	74181	MRCPC w/o contrast
70540	Orbit/Face w/o contrast		PELVIS
70543	Orbit/Face w and w/o contrast* (ROUTINE)	72195	Pelvis (Tissue) w/o contrast
70551	Pituitary w/o contrast	72197	Pelvis (Tissue) w and w/o contrast* (ROUTINE)
70553	Pituitary w and w/o contrast* (ROUTINE)	72195	Pelvis (Bone) w/o contrast (ROUTINE)
70336	TMJ w/o contrast (ROUTINE)	72197	Pelvis (Bone) w and w/o contrast*
	SPINE		EXTREMITY
72141	Cervical Spine w/o contrast (ROUTINE)	73221	Upper Joint w/o contrast (ROUTINE) <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Shoulder <input type="checkbox"/> Elbow <input type="checkbox"/> Wrist
72156	Cervical Spine w and w/o contrast*		
72146	Thoracic Spine w/o contrast (ROUTINE)	73223	Upper Joint w and w/o contrast* <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Shoulder <input type="checkbox"/> Elbow <input type="checkbox"/> Wrist
72157	Thoracic Spine w and w/o contrast*		
72148	Lumbar Spine w/o contrast (ROUTINE)	73218	Upper Extremity w/o contrast <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Upper Arm <input type="checkbox"/> Forearm <input type="checkbox"/> Hand
72158	Lumbar Spine w and w/o contrast*		
	MR ANGIOGRAPHY	73220	Upper Extremity w and w/o contrast* <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Upper Arm <input type="checkbox"/> Forearm <input type="checkbox"/> Hand
70544	MRA Head w/o contrast (ROUTINE)		
70547	MRA Neck w/o contrast	73721	Lower Joint w/o contrast (ROUTINE) <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Hip <input type="checkbox"/> Knee <input type="checkbox"/> Ankle
70549	MRA Neck w and w/o contrast* (ROUTINE)		
71555	MRA Chest w and w/o contrast*	73723	Lower Joint w and w/o contrast* <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Hip <input type="checkbox"/> Knee <input type="checkbox"/> Ankle
74185	MRA Abdomen w/o contrast		
74185	MRA Abdomen w and w/o contrast* (ROUTINE)	73718	Lower Extremity w/o contrast <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Thigh <input type="checkbox"/> Lower Leg <input type="checkbox"/> Foot
73725	MRA Runoff of Lower Extremities w and w/o contrast*		
	VISCERA	73720	Lower Extremity w and w/o contrast* <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Thigh <input type="checkbox"/> Lower Leg <input type="checkbox"/> Foot
70540	Soft Tissue Neck/Face w/o contrast		
70543	Soft Tissue Neck/Face w and w/o contrast*	73223	Upper Joint with Arthrogram <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Shoulder <input type="checkbox"/> Elbow <input type="checkbox"/> Wrist
71550	Chest w/o contrast		
71552	Chest w and w/o contrast*	73723	Lower Joint with Arthrogram <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Hip <input type="checkbox"/> Knee <input type="checkbox"/> Ankle
71550	Brachial Plexus w/o contrast		
71552	Brachial Plexus w and w/o contrast*		OTHER - Please specify below
77059	Breasts Bilateral w and w/o contrast* (ROUTINE)		
77059	Breasts Bilateral w/o contrast		

All exams with a * include an order for Creatinine in patients that are age 60 or older or who have other risk factors for renal disease if one has not been obtained within last two 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_095 G6124
Rev: 01/04/2018
9-18-2019



JZ

NUCLEAR MEDICINE 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	BONE	CPT	PULMONARY
78306	Whole Body Bone (Rule out Metastasis)	78582	Lung Scan VENT/PERFUSION (Rule out Pulmonary Embolism) (Xe-133/Tc-MAA)
78315	3 phase Bone (Osteomyelitis) <input type="checkbox"/> Total <input type="checkbox"/> Partial Area of Interest: _____	78598	Lung Scan Quantitation (Evaluate Lung Function) (Xe-133/Tc-MAA)
78300	Partial Bone Scan Limited area (Fracture) Area: _____	GENITOURINARY	
78305	Partial Bone Scan Multiple areas (Fractures) Area: _____	78707	Renal Scan (No Lasix) Choose Isotope: <input type="checkbox"/> DTPA (GFR) <input type="checkbox"/> MAG3 (ERPF)
78320	Bone SPECT (Low Back Pain, PARS fracture)	78708	Renal Scan with Lasix Choose Isotope: <input type="checkbox"/> DTPA (GFR) <input type="checkbox"/> MAG3 (ERPF)
	GASTROINTESTINAL	78710	Renal Cortical Imaging (DMSA)
78226	HIDA Scan NO CCK (Stones, Biliary Leak)	INFECTION	
78227	HIDA Scan with CCK (Ejection Fraction)	78806	Infection Whole Body Scan (FUO). Choose Isotope: <input type="checkbox"/> In-111 WBC <input type="checkbox"/> Ceretec WBC (Routine)
78205	Liver/Spleen Scan	78805	Infection Imaging Limited Area (Osteomyelitis) Choose Isotope: <input type="checkbox"/> In-111 WBC <input type="checkbox"/> Ceretec WBC (Routine)
78290	Meckels Scan	78807	Infection Imaging SPECT
78264	Gastric Emptying	MISCELLANEOUS	
78278	GI Bleeding Scan	78195	Sentinel Node Localization with Imaging (Routine)
	ENDOCRINE	78267	H-PYLORI Breath Test (C-14 Urea Capsule)
78013	Thyroid Scan Only (Tc-99m)	OTHER PROCEDURE/SPECIAL INSTRUCTIONS	
78014	Thyroid Scan with Multi-Uptake (I-123) 6 Hr and 24 Hr Uptake-Routine	List Below:	
78803	Parathyroid SPECT Scan		
78018	I-123 Whole Body Scan for METS		
79005	I-131 Therapy for Hyperthyroidism Up to 30 mCi		
	CARDIAC (Non-perfusion studies)		
78472	MUGA Planar (LAO/Lt Lat/Anterior)		
	TUMOR IMAGING		
78804	Octreoscan Whole Body		
78803	Octreoscan SPECT		

*Please specify isotope preferred for Renal Scans and Infection Imaging procedures when scheduling exam.

DATE _____ TIME _____ SIGNATURE _____

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SCHEDULED DATE & TIME: Pre-Authorization # _____

Diagnosis / Indications: ♦ (Required for billing / Reimbursement)

1. _____
2. _____
3. _____

Name: _____

Date of Birth: _____ OP1X OP-R

Social Security #: _____

Any test for screening? Yes No

Please list: _____

PLACE LABEL HERE

Type of Order: STAT Routine

Reports by Mailbox Fax (#) _____

Patient to wait for phone / fax results Phone Rept (#) _____

WOMEN'S HEALTH ORDERS

MAMMOGRAPHY			
● SCREENING MAMMOGRAM ASYMPTOMATIC PATIENTS			
BILATERAL 2 VIEW STUDY			Women's Wellness
UNILATERAL 2 VIEW STUDY	RT	LT	Women's Wellness
● DIAGNOSTIC MAMMOGRAM - PATIENTS WITH SIGNS OR SYMPTOMS OF BREAST DISEASE, OR PREVIOUS RADIOGRAPHIC FINDINGS REQUIRING FOLLOW-UP			
BILATERAL			
UNILATERAL STUDY			
	RT	LT	
ADDITIONAL VIEWS PER MAMMOGRAM REPORT DATED:	/	/	RT LT BILAT.
6 MONTH FOLLOW-UP PER MAMMOGRAM REPORT DATED:	/	/	RT LT BILAT.
BREAST BIOPSY/ASPIRATION/LOCALIZATION			
ULTRASOUND GUIDANCE, BIOPSY			
	RT	LT	
CORE NEEDLE BIOPSY			
	RT	LT	
ULTRASOUND GUIDANCE, ASPIRATION			
	RT	LT	
PUNCTURE ASPIRATION, CYST			
	RT	LT	
.....EACH ADDITIONAL CYST			
GUIDANCE-PLACEMENT, NEEDLE WIRE LOCALIZATION			
	RT	LT	
.....EACH ADDITIONAL LESION			
MISCELLANEOUS			
DEXA SCAN (BONE DENSITOMETRY)			<input type="checkbox"/> SADC <input type="checkbox"/> SAMH
DUCTOGRAM			
	RT	LT	
HYSTEOSALPINGOGRAM			
SCINTIMAMMOGRAPHY			
SENTINEL NODE (LOCALIZATION)			
ULTRASOUND			
BIOPHYSICAL PROFILE			
BREAST SONOGRAM			
	RT	LT	
PELVIC SONOGRAM			
OB 1st TRIMESTER SONOGRAM			
OB COMPLETE 13-40 WEEKS			
OB AMNIOCENTESIS			
TRANSVAGINAL ONLY			
OTHER EXAMS:			
INSTRUCTIONS:			
SCHEDULED DATE & TIME:			

ORDERING PHYSICIAN SIGNATURE* _____ DATE, TIME _____

Additional copies to: _____

● SIGNATURE STAMP UNACCEPTABLE AUTHENTICATION. PLEASE SIGN.
REGISTRATION FAX #: 347-1377





ULTRASOUND 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	ABDOMEN	CPT	BREAST
76700	Abdomen Complete (includes aorta, pancreas, liver, gallbladder, ducts, kidneys, & spleen)	76641	Breast (Specify location: _____) <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Bilateral
76705	Abdomen RUQ (pancreas, liver, & gallbladder) (ROUTINE)	76642	Breast Limited (Specify location: _____) <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Bilateral
76705	Abdomen Liver/Hepatobiliary (pancreas, liver, ducts) *Patient has had cholecystectomy	19285	US Guided Breast Needle Placement See *** when multiple lesions present in same breast <input type="checkbox"/> Right <input type="checkbox"/> Left (Specify location: _____) <input type="checkbox"/> Bilateral (Specify locations: _____)
76775	Aorta	19083	US Guided Breast Biopsy See *** when multiple lesions present in same breast <input type="checkbox"/> Right <input type="checkbox"/> Left (Specify location: _____) <input type="checkbox"/> Bilateral (Specify locations: _____)
G0839	Aorta (Screening for MEDICARE)	19000	US Guided Breast Cyst Aspiration (Specify location: _____) <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Bilateral
76705	Spleen	76942	*** Each add'l breast lesion for Needle Placement <input type="checkbox"/> Right <input type="checkbox"/> Left (Specify location: _____) <input type="checkbox"/> Bilateral (Specify locations: _____)
76770	Kidney/Renal	19084	***Each add'l breast lesion for Breast Biopsy <input type="checkbox"/> Right <input type="checkbox"/> Left (Specify location: _____) <input type="checkbox"/> Bilateral (Specify locations: _____)
76857	Bladder Only (Pre/Post Void)	SPECIAL PROCEDURES	
76705	Abdomen Limited (quadrant: Specify _____, check for ascites, hernia)	60100	US Guided Thyroid Biopsy
GYNECOLOGY		76942	<input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Bilateral
76856	Pelvic Transabdominal & Transvaginal with doppler	60300	US Guided Thyroid Cyst Aspiration
76830	(ROUTINE)	76942	<input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Bilateral
76857	Pelvic Transabdominal Only with doppler	32555	US Guided Thoracentesis
76830	Pelvic Transvaginal Only with doppler	49083	US Guided Paracentesis
76857	Pelvic Transvaginal Follicular Study with doppler	76937	US Guidance Vascular Access (Peripherally Inserted Central Catheter)
OBSTETRICAL		76998	US Guidance Intraoperative
76801	OB 1 st Trimester (0-13 weeks gestation)	38505/76942	US Lymph Node Needle Biopsy
76817	OB Transvaginal (cervical length and visualization)	47000/76942	US Guided Liver Biopsy
76805	OB Complete 2 nd Trimester (14-40 weeks gestation)	50200/76942	US Guided Renal Biopsy
76819	OB Biophysical Profile	50390/76942	US Guided Renal Cyst Aspiration
76815	OB Limited (placenta, cervical length, heart rate, AFI, position, anatomy not previously seen)	SPECIAL INSTRUCTIONS:	
76816	OB Follow-up (check growth or previously seen abnormality)	SCHEDULED DATE AND TIME:	
SMALL PARTS			
76536	Thyroid		
76870	Testicular/ Scrotum with doppler		
76872	Prostate		
76882	Extremity Non-Vascular <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Upper <input type="checkbox"/> Lower		
76506	Infant Brain		
76705	Pylorus		
76886	Infant Hips		
76800	Spinal Canal/Contents		
76536	Soft Tissue Head/Neck (Specify location: _____)		

DATE _____ TIME _____ SIGNATURE _____

Registration Fax: (217) 347-1377

Scheduling Phone: (217) 347-1540

C7321_097

Rev: 12/28/2017

9-18-2019 10:23:10 AM

503 North Maple Street • Effingham, Illinois 62401



JZ



XRAY ORDER FORM

Pre-Authorization Number _____

Name: _____

Diagnoses/Indications: (Required for Reimbursement)

Date of Birth: _____

1. _____

Type of Order: STAT Routine
 Call Result Fax Result

2. _____

Phone Number _____

3. _____

Fax Number _____

CPT	VISCERA	CPT	SKELETON
71020	CHEST PA & LAT	70260	SKULL
74000	KUB	70150	FACIAL BONES
74010	ABDOMEN SERIES	70220	SINUSES
74220	ESOPHAGRAM (FOR ESOPHAGEAL MOBILITY)	70110	MANDIBLE
74247	UGI (INCLUDES ESOPHAGUS & STOMACH)	70160	NASAL BONES
74249	UGI W/ SMALL BOWEL (INCLUDES ESOPHAGUS, STOMACH, & SMALL BOWEL)	70030	ORBITS FOR FOREIGN BODY
74280	COLON W/ AIR (BARIUM ENEMA)	70355	PANOREX
74400	IVP	71100	RIBS UNILAT <input type="checkbox"/> RIGHT (2 VIEW) <input type="checkbox"/> LEFT (2 VIEW)
	SPINE	71101	RIBS UNILAT W/PA CXR <input type="checkbox"/> RIGHT <input type="checkbox"/> LEFT
72040	CERVICAL SPINE 2-3 VIEW (ROUTINE)	71110	RIBS BILATERAL
72050	W/OBLIQUES	71111	RIBS BILATERAL WITH PA CXR
72052	W/OBLIQUES and FLEX/EXT	71120	STERNUM
72072	THORACIC SPINE 3 VIEW	71130	STERNOCLAVICULAR JOINT <input type="checkbox"/> RIGHT <input type="checkbox"/> LEFT
72100	LUMBOSACRAL SPINE 2-3 VIEW (ROUTINE)	73050	ACROMIOCLAVICULAR JOINT
72110	W/ OBLIQUES	73000	CLAVICLE <input type="checkbox"/> RIGHT <input type="checkbox"/> LEFT
72114	W/ OBLIQUES and FLEX/EXT	73010	SCAPULA <input type="checkbox"/> RIGHT <input type="checkbox"/> LEFT
72120	FLEX/EXT ONLY	73030	SHOULDER <input type="checkbox"/> RIGHT <input type="checkbox"/> LEFT
72220	SACRUM & COCCYX	73060	HUMERUS <input type="checkbox"/> RIGHT <input type="checkbox"/> LEFT
72081	6' PA SCOLIOSIS	73080	ELBOW <input type="checkbox"/> RIGHT <input type="checkbox"/> LEFT
72082	6' PA & LAT SCOLIOSIS	73090	FOREARM <input type="checkbox"/> RIGHT <input type="checkbox"/> LEFT
	MISCELLANEOUS	73110	WRIST <input type="checkbox"/> RIGHT <input type="checkbox"/> LEFT
77080	DEXA SCAN BONE DENSITY	73130	HAND <input type="checkbox"/> RIGHT <input type="checkbox"/> LEFT
77076	SKELETAL SURVEY INFANT	73140	FINGERS 1 2 3 4 5 <input type="checkbox"/> RIGHT <input type="checkbox"/> LEFT
77075	SKELETAL SURVEY METAS.	72170	PELVIS
77073	BONE LENGTH STUDY	72202	SACROILIAC JOINTS
77072	BONE AGE STUDY	73502	HIP WITH PELVIS <input type="checkbox"/> RIGHT <input type="checkbox"/> LEFT
70360	SOFT TISSUE NECK	73521	HIPS BILATERAL WITH PELVIS
	SPECIAL PROCEDURES	73510	HIP 2 VIEW UNILATERAL <input type="checkbox"/> RIGHT <input type="checkbox"/> LEFT
73040	ARTHROGRAM SHOULDER	73552	FEMUR 2 VIEWS <input type="checkbox"/> RIGHT <input type="checkbox"/> LEFT
	<input type="checkbox"/> RIGHT <input type="checkbox"/> LEFT	73560	KNEE 1-2 VIEW (ROUTINE) <input type="checkbox"/> RIGHT <input type="checkbox"/> LEFT
73115	ARTHROGRAM WRIST	73562	KNEE 3 VIEWS <input type="checkbox"/> RIGHT <input type="checkbox"/> LEFT
	<input type="checkbox"/> RIGHT <input type="checkbox"/> LEFT	73564	KNEE 4 VIEWS <input type="checkbox"/> RIGHT <input type="checkbox"/> LEFT
62304	MYELOGRAM LUMBAR	73565	KNEE AP STANDING (BILATERAL)
74455	VOIDING CYSTOURETHROGRAM (ROUTINE FOR UTI)	73590	LOWER LEG <input type="checkbox"/> RIGHT <input type="checkbox"/> LEFT
74430	CYSTOGRAM (ROUTINE FOR POST SURGICAL)	73610	ANKLE <input type="checkbox"/> RIGHT <input type="checkbox"/> LEFT
74230	PHARYNGEAL MOBILITY STUDY (SWALLOWING STUDY WITH SPEECH THERAPY)	73630	FOOT <input type="checkbox"/> RIGHT <input type="checkbox"/> LEFT
	SPECIAL INSTRUCTIONS:	73650	HEEL <input type="checkbox"/> RIGHT <input type="checkbox"/> LEFT
		73660	TOES 1 2 3 4 5 <input type="checkbox"/> RIGHT <input type="checkbox"/> LEFT
		73092	UPPER EXTREMITY INFANT <input type="checkbox"/> RIGHT <input type="checkbox"/> LEFT
	OTHER	73592	LOWER EXTREMITY INFANT <input type="checkbox"/> RIGHT <input type="checkbox"/> LEFT
			SCHEDULED DATE & TIME:

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