

Patient Name _____

 Sex M F Date of Birth _____

Social Security No.: _____

Acct. Number: _____

Date: _____ Appt. Date _____

Referring Physician: _____

 *Other - wavier on file _____ GA Follow Up: _____

Scheduling (423) 697-2130 Fax (423) 697-2334 *Waiver may be required due to diagnosis: questions call 697-3424 or 3332.

Computerized Tomography
Interpreted by Radiology Group
 CT head without contrast
 CT head with contrast
 CT head with & without contrast

 310.1 After injury 784.3 Aphasia
 368.8 Blurred vision 784.0 Headache
 780.2 Syncope 435.9 TIA
 780.4 Vertigo 780.93 Memory loss
 Other _____

 CT soft tissue neck without contrast
 CT soft tissue neck with contrast
 CT soft tissue neck with & without contrast

 527.5 Salivary Duct Stone
 784.2 Swelling/mass
 Other _____

 CT thorax without contrast
 CT thorax with contrast
 CT thorax with & without contrast

 793.1 Abnormal chest x-ray
 423.9 Effusion pericardial
 786.6 Lung mass
 518.89 Lung nodule, solitary
 511.9 Pleural effusion
 786.05 Shortness of breath
 Other _____

 CT upper extremity without contrast
 CT upper extremity with contrast
 CT upper extremity with & without contrast

 symptom/dx _____
 Fracture type _____ Location _____
 Injury type _____ Location _____
 Mass location _____
 729.5 Pain in limb or _____ joint

 CT cervical spine without contrast

 723.3 Cervicobrachial pain
 722.4 Degeneration, cervical spine
 722.0 Displacement w/o myelopathy, cervical
 neuritis, radiculitis, protrusion, prolapse, rupture
 723.1 Neck pain
 782.0 Numbness/disturbance of skin sensation
 724.4 Radicular syndrome of upper limbs
 Other _____

 CT thoracic spine without contrast

 724.5 Backache
 724.1 Pain in thoracic spine
 724.4 Radicular syndrome of lower limbs
 722.51 Degeneration, thoracic disc
 722.11 Displacement w/o myelopathy, thoracic neuritis,
 radiculitis, protrusion, prolapse, rupture
 Other _____

 Lumbar spine without contrast

 724.5 Backache
 724.2 Low back pain
 724.4 Radicular syndrome of lower limbs
 722.52 Degeneration, lumbar disc
 782.0 Numbness/disturbance of skin sensation
 722.10 Displacement w/o myelopathy, lumbago, sciatica,
 neuritis, radiculitis, protrusion, extrusion, prolapse, rupture

 CT abdomen without contrast
 CT abdomen with contrast
 CT abdomen with & without contrast

 536.1 Distension: acute ABD 592.0 Renal stone
 794.8 Elevated LFT liver function study 599.7 Hematuria
 785.6 Enlarged lymph nodes (Lymphadenosis)
 789.0 Pain (location _____)
 783.21 Weight loss (cause unknown)
 Other _____

 CT pelvis without contrast
 CT pelvis with contrast
 CT pelvis with & without contrast

 787.99 Bowel change: distension area or organ location _____
 785.6 Enlarged lymph nodes 783.21 Weight loss
 789.0 Pain (location _____)
 Other _____

 CT lower extremity without contrast
 CT lower extremity with contrast
 CT lower extremity with & without contrast

 Fracture Type _____ Location _____
 Injury Type _____ Location _____
 Mass Location _____
 729.5 pain in limb or _____ joint
 Other _____

 Coronal/Sagittal/3D/Holographic

- Creatinine level _____ Date _____ (must be within last 30 days). Required for all angiography and any test with contrast.
 For Creatinine level ≥ 1.5 and no sulfa allergy, premedicate with mucomyst 600 mg PO BID x 5 doses. Begin morning before test.
 No contraindications to beta blockers. If resting HR ≥ 70 bpm, premedicate with Toprol XL 50 mg PO BID 2 days before test and 1 tablet day of test.
 Consult physician for instructions if patient already on beta blocker therapy.
 DYE ALLERGY! Premedicate patient per protocol day of test.

Other _____

Physician's Signature

Patient Name _____

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CT Angiography

Coronary CTA

- No contraindications to beta blockers
If resting HR \geq 70 bpm, premedicate with Toprol XL 50 mg
PO BID 2 days before test and 1 tablet day of test.
- Consult physician for instructions if patient is already on
beta blocker therapy.

794.31 Abnormal EKG
794.30 Abnormal Stress Test
413.9 Angina, stable - exertional - unspecified
786.5 Chest pain, unspecified
414.8 Chronic Ischemic Heart Dz (Old MI)
786.05 Shortness of breath

*Other _____

Carotid CTA

362.34 Amaurosis Fugax
433.10 Carotid artery stenosis w/o infarction
433.11 Carotid artery stenosis with infarction
780.2 Syncope
443.24 Vertebral artery dissection
368.10 Visual disturbance, subjective

Other _____

Renal CTA

440.1 Renal artery stenosis
593.81 Renal artery-thrombosis/hemorrhage
593.9 Renal insufficiency
405.91 Renovascular Htn, second/unspecified

Other _____

ABD aorta w/bilat iliofem run-off CTA

441.4 AAA without mention of rupture
441.5 AAA with mention of rupture
440.21 Atherosclerosis extremity with claudication
440.22 Atherosclerosis extremity with rest pain
440.23 Atherosclerosis extremity with ulceration
442.2 Iliac artery aneurysm
443.9 PVD (peripheral vascular disease)

Other _____

- Creatinine level _____ Date _____ (must be
within last 30 days). Required for all angiography and any test
with contrast.
- For Creatinine level \geq 1.5 and no sulfa allergy, premedicate with
mucomyst 600 mg PO BID x 5 doses. Begin morning before test.
- DYE ALLERGY!** Premedicate patient per protocol day of test.

Brain CTA

784.3 Aphasia
368.8 Blurred vision
437.3 Cerebral aneurysm
436 CVA
368.2 Diplopia
781.2 Gait Ataxia
784.0 Headache, facial pain, numbness
780.2 Syncope
435.9 TIA

Other _____

Chest CTA

- No contraindications to beta blockers
If resting HR \geq 70 bpm, premedicate with Toprol XL 50 mg
PO BID 2 days before test and 1 tablet day of test.
- Consult physician for instructions if patient is already on
beta blocker therapy.

747.49 Anomalies of great veins
786.50 Chest pain, unspecified
441.2 Thoracic aneurysm
747.10 Coarctation of aorta
441.01 Thoracic aortic dissection
415.19 Pulmonary embolism and infarction
786.05 Shortness of breath

*Other _____

Abdomen CTA

441.4 AAA without mention of rupture
441.5 AAA with rupture
441.02 Abd aortic dissection
785.9 Bruits/pulsatile mass/other cv symptoms
440.1 Renal artery stenosis
405.91 Renovascular Htn, secondary, unspecified

*Other _____

Cardiac Structure & Morphology

- Congenital heart disease**
- Pulmonary vein mapping, ARVD, etc.**

V72.83 Pre-operative exam
427.31 Atrial Fibrillation

*Other _____

Coronary Calcium Scoring

V81.0 Screening for Ischemic heart disease
Other _____

Physician's Signature