

# Requisition / Order Instructions



Please bring this form and your insurance card(s) with you 15 minutes prior to your diagnostic exam. If you arrive 15 minutes past your scheduled appointment it may be necessary to reschedule your exam.

2769 Heartland Drive, Suite 105  
Coralville, Iowa 52241  
319-545-7300  
1-800-714-5201 (FAX)

Patient Legal Name: Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_  
 Patient Birthdate: \_\_\_\_\_ Appointment Date: \_\_\_\_\_ Time: \_\_\_\_\_ a.m. p.m. (circle one)

Call report: \_\_\_\_\_  Patient needs to speak with physician before leaving  Patient may leave after exam  Patient should return to physicians office  
 (pager/phone #)  Radiologist may edit order

Physicians Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Dr. Name: \_\_\_\_\_ HISTORY AND SYMPTOMS: \_\_\_\_\_

Office Fax #: \_\_\_\_\_

Corridor Radiology to Schedule ( ) Y ( ) N Phone #: \_\_\_\_\_ See more options and prep instructions on the back of this form.

MRI * / **	CT **	PLAIN FILM X-RAY	ULTRASOUND
<b>Brain</b> (routine) (IAC) (cranial nerves) (pituitary) wo or w/wo contrast - 70551,53	<b>Head</b> (brain) wo or w/wo contrast- 70450,70	<b>ABDOMEN</b>	<b>Abdomen:</b>
<b>Orbit / Face / Neck</b> (orbits), (soft tissue throat), (brachial plexus) w/wo contrast- 70540	<b>Face</b> ( sinus) (maxillofacial) wo or w contrast- 70486,87	<b>Flat &amp; Upright</b>	<b>Abdomen complete</b> (see back)
<b>Spine</b> (cervical) wo or w/wo contrast - 72141,56 (thoracic) wo or w/wo contrast -72146, 57 (lumbar) wo or w.wo contrast- 72148, 58	<b>Skull</b> (temporal bone) (orbits) wo or w contrast- 70480,81	<b>KUB</b>	<b>Gallbladder/RUQ</b> (see back)
<b>Upper Joints</b> (shoulder) (elbow) (wrist) (finger/thumb) wo or w/wo contrast- 73221,23 (shoulder arthrogram) w contrast -73222 R L	<b>Neck</b> (salivary stones) w/o- 70490 <b>Neck</b> (soft tissue neck) w - 70491 <b>Chest</b> (routine) wo or w contrast- 71250,60 (PE) w contrast- 71260, (high resolution) wo contrast- 71250	<b>UPPER EXT</b>	<b>Aorta</b> (see back)
<b>Arms</b> ( humerus) (forearm) (hand) wo or w/wo contrast – 73218,20 R L	<b>Abd/Pelvis</b> (routine) (stone) w/o, w/contrast - 74176, 74177	<b>Clavicle</b> R L <b>AC Joints (Bilateral)</b> <b>Scapula</b> R L <b>Shoulder</b> R L <b>Humerus</b> R L	<b>Single Organ OR Quadrant</b>
<b>Lower Joints</b> (hip) (knee) (ankle) wo or w/wo contrast- 73721, 23 (hip arthrogram) w contrast- 73722 R L	<b>Pelvis only</b> wo or w/contrast- 72192,93	<b>Elbow</b> R L <b>Forearm</b> R L <b>Wrist</b> R L <b>Hand</b> R L <b>Finger</b> R L	<b>Appendix</b> <b>Hernia</b> <b>Kidney/Renal</b> w/o or w/dopplers (please circle)
<b>Legs</b> (femur) (tib/fib) (foot/toes) wo or w/wo contrast- 73720,19 R L	<b>CT IVP</b> wo/wcontrast- 74178	<b>LOWER EXT</b>	<b>Small Parts:</b> <b>Breast</b> R L <b>Thyroid</b> <b>Scrotum</b> <input type="checkbox"/> w/dopplers if medically necessary
<b>Abdomen</b> (liver)kidney) (adrenal) (pancreas) (other-specify) wo or w/wo contrast- 74181,83 (mrcp) wo only- 72195	<b>Spine</b> (cervical) wo or w/contrast-72125,26 (thoracic) wo or w/contrast- 72128,29 (lumbar) wo or w/contrast 72131,32	<b>Femur</b> R L <b>Knee</b> R L <b>Tibia/Fibula</b> R L <b>Ankle</b> R L <b>Foot</b> R L <b>Toe</b> R L <b>Heel</b> R L <b>Hip</b> R L	<b>Non-Vasc Ext</b> R L <b>OB/GYN:</b> (see back)
<b>Pelvis</b> (female) (bone)( rectum) (other-specify) wo or w/wo contrast- 72195, 97	<b>CTA</b> (head)- 70496,(neck/carotids)- 70498, (abd only)- 74175, (pelvis only) – 72191, (abd/pelvis)- 74174,(chest)- 71275	<b>PEDIATRICS</b>	<b>EDD or LMP:</b> _____ <b>OB Transvaginal</b> (1-9 wks) <b>OB Transabdominal</b> (10-13wks) <b>OB, Complete</b> (20 wks) <b>OB Follow-up</b> (same pregnancy, s/p, 20 wks, complete U/S) <b>OB Limited</b> (Please choose: cervical length, AFI, or placenta)
<b>MRA * / **</b>	<b>Pain Injections</b> (ESI lumbar)- 62323, (SNR or root block lumbar specify level)- 64483 R L	<b>Upper Ext.</b> (< 12 months) R L <b>Lower Ext.</b> (< 12 months) R L	<b>Nuchal Translucency</b>
<b>Head</b> (circle of willis) wo or w/wo contrast – 70544,46	<b>Steroid/pain injections</b> (shoulder) -20610,20605 (hip) -20610,20605 R L	<b>Foreign Body, 1V</b> nose to rectum <b>Pelvis Hips, 2 min</b> (infant or child)	<b>Biophysical profile</b> <b>Pelvic (non-OB)</b> <input type="checkbox"/> w/dopplers if medically necessary
<b>Neck</b> (carotids) w/wo contrast- 70549	<b>Abdomen-no runoff</b> (renals) (abdominal aorta) wo/w contrast- 74185	<b>Bone Age</b>	<b>Hysterosonogram (SIS)</b> (w/ Pelvic U/S)
	<b>MODIFER/G-CODES</b>	<b>HEAD</b>	<b>Hysterosonogram (SIS) only</b>
		<b>Orbits for foreign body</b> <b>Nasal bones</b>	<b>Vascular:</b>
		<b>CHEST</b>	<b>Carotid duplex - Bilateral</b> 93880
<b>MAMMOGRAPHY</b>	<b>OTHER / SPECIAL REQUESTS</b>	<b>Chest PA &amp; Lat</b> <b>Chest PA</b> <b>Ribs, (inc PA Chest)</b> R L <b>Ribs, bil</b>	<b>Upper extremity venous duplex - Bilateral</b> 93970 <b>Upper extremity venous duplex - Unilateral R L</b> 93971
Please use Breast / Bone Density Imaging Order Form		<b>SPINE &amp; PELVIS</b>	<b>Lower extremity venous duplex - Bilateral</b> 93970 <b>Lower extremity venous duplex - Unilateral R L</b> 93971
<b>BONE DENSITY</b>		<b>Cervical, 2/3V</b> <b>Thoracic</b> <b>Lumbo-sacral</b> <b>Scoliosis</b> <b>Pelvis</b> <b>Hip</b> R L <b>Sacrum/Coccyx</b>	<b>Infant Hips (Breech)</b> 76885
<b>DEXA FOR BODY COMPOSITION</b>			
For all other DEXA, Please see Breast / Bone Density Imaging order form			

\*Orbits for foreign body is included with this exam, if indicated. \*\*Creatinine lab test will be included with these exams, if indicated.

## Prep Instructions:

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### Abdominal Ultrasound (includes: Gallbladder/RUQ, Abdomen Complete, or Aorta):

- NPO after midnight or for 6 to 8 hours prior to the exam
- No food or drink. No smoking. No gum chewing.

### Renal/Kidney Ultrasound:

- One hour prior to the exam, empty your bladder and then immediately drink 20 ounces of water.
- DO NOT empty your bladder after drinking. Arrive to your appointment with a full bladder.

### OB Ultrasound Exams:

Pregnant state with a gestational age of 10 - 13 weeks.

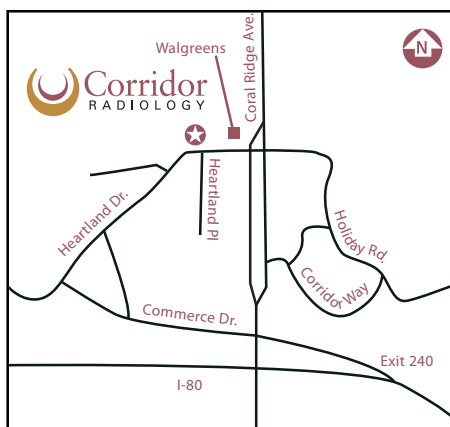
1. Empty your bladder one hour prior to exam.
2. Immediately drink 16 ounces of water.
3. Do NOT empty your bladder (the ultrasonographer will give you time during your exam to empty your bladder.)

All other OB ultrasound exams - no prep. Full bladder not required.

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Hours: Monday - Friday 7:30am-6:00pm  
Closed weekends and holidays.



Please bring prior related imaging studies.

