

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
Brain (routine) (IAC) (cranial nerves) (pituitary) wo or w/wo contrast - 70551,53	Head (brain) wo or w/wo contrast- 70450,70	ABDOMEN	Abdomen:
Orbit / Face / Neck (orbits), (soft tissue throat), (brachial plexus) w/wo contrast- 70540	Face (sinus) (maxillofacial) wo or w contrast- 70486,87	Flat & Upright	Abdomen complete (see back)
Spine (cervical) wo or w/wo contrast - 72141,56 (thoracic) wo or w/wo contrast -72146, 57 (lumbar) wo or w.wo contrast- 72148, 58	Skull (temporal bone) (orbits) wo or w contrast- 70480,81	KUB	Gallbladder/RUQ (see back)
Upper Joints (shoulder) (elbow) (wrist) (finger/thumb) wo or w/wo contrast- 73221,23 (shoulder arthrogram) w contrast -73222	Neck (salivary stones) w/o- 70490	UPPER EXT	Aorta (see back)
Arms (humerus) (forearm) (hand) wo or w/wo contrast – 73218,20	Neck (soft tissue neck) w - 70491	Clavicle R L	Single Organ OR Quadrant
Lower Joints (hip) (knee) (ankle) wo or w/wo contrast- 73721, 23 (hip arthrogram) w contrast- 73722	Chest (routine) wo or w contrast- 71250,60 (PE) w contrast- 71260, (high resolution) wo contrast- 71250	AC Joints (Bilateral)	Appendix
Legs (femur) (tib/fib) (foot/toes) wo or w/wo contrast- 73720,19	Abd/Pelvis (routine) (stone) w/o, w/contrast - 74176, 74177	Scapula R L	Hernia
Abdomen (liver)kidney (adrenal) (pancreas) (other-specify) wo or w/wo contrast- 74181,83 (mrcp) wo only- 72195	Pelvis only wo or w/contrast- 72192,93	Shoulder R L	Kidney/Renal w/o or w/dopplers (please circle)
Pelvis (female) (bone)(rectum) (other-specify) wo or w/wo contrast- 72195, 97	CT IVP wo/wcontrast- 74178	Humerus R L	Small Parts:
MRA * / **	Spine (cervical) wo or w/contrast-72125,26 (thoracic) wo or w/contrast- 72128,29 (lumbar) wo or w/contrast 72131,32	Forearm R L	Breast R L
Head (circle of willis) wo or w/wo contrast – 70544,46	Arms (shoulder) (humerus) (elbow) (forearm) (wrist) (hand) wo or w/contrast- 73200,01	Wrist R L	Thyroid
Neck (carotids) w/wo contrast- 70549	Legs (hip) (femur) (knee) (tib/fib) (ankle) (foot/toes) wo or w/contrast 73700,01	Hand R L	Scrotum
Abdomen-no runoff (renals) (abdominal aorta) wo/w contrast- 74185	CTA (head)- 70496,(neck/carotids)- 70498, (abd only)- 74175, (pelvis only) – 72191, (abd/pelvis)- 74174,(chest)- 71275	Finger R L	<input type="checkbox"/> w/dopplers if medically necessary
	Pain Injections (ESI lumbar)- 62323, (SNR or root block lumbar specify level)- 64483	LOWER EXT	Non-Vasc Ext R L
	Steroid/pain injections (shoulder) -20610,20605 (hip) -20610,20605 (SI Joint specify right, left or bilat) – 27096	Femur R L	OB/GYN: (see back)
		Knee R L	EDD or LMP: _____
		Tibia/Fibula R L	OB Transvaginal (1-9 wks)
		Ankle R L	OB Transabdominal (10-13wks)
		Foot R L	OB, Complete (20 wks)
		Toe R L	OB Follow-up (same pregnancy, s/p, 20 wks, complete U/S)
		Heel R L	OB Limited (Please choose: cervical length, AFI, or placenta)
		Hip R L	Nuchal Translucency
	MODIFER/G-CODES	PEDIATRICS	Biophysical profile
		Upper Ext. (< 12 months) R L	Pelvic (non-OB)
		Lower Ext. (< 12 months) R L	<input type="checkbox"/> w/dopplers if medically necessary
		Foreign Body, 1V nose to rectum	Hysterosonogram (SIS) (w/ Pelvic U/S)
		Pelvis Hips, 2 min (infant or child)	Hysterosonogram (SIS) only
		Bone Age	
		HEAD	
		Orbits for foreign body	
		Nasal bones	Vascular:
		CHEST	Carotid duplex - Bilateral 93880
		Chest PA & Lat	Upper extremity venous duplex - Bilateral 93970
		Chest PA	Upper extremity venous duplex - Unilateral R L 93971
		Ribs, (inc PA Chest) R L	Lower extremity venous duplex - Bilateral 93970
		Ribs, bil	Lower extremity venous duplex - Unilateral R L 93971
		SPINE & PELVIS	
		Cervical, 2/3V	Infant Hips (Breech) 76885
		Thoracic	
		Lumbo-sacral	
		Scoliosis	
		Pelvis	
		Hip R L	
		Sacrum/Coccyx	

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