

Patient Name:	
DOB:	Date:
Ordering Physician Signature:	
CC Physician(s) for Report:	
Diagnosis/Indications/Symptoms:	
ICD-10code (s):	

### DECISION SUPPORT INFORMATION

AUC Number Issued:
G-Code:
HCPCS Modifier:

### GENERAL DIAGNOSTIC X-RAY

- EXTREMITY (specify body part):  
\_\_\_\_\_  R or  L
- Foot Weight Bearing  Ribs  
 Chest  IVP  
 Facial Bones  UGI  
 Abdomen  BE  
 Obstruction Series  Small Bowel Series  
 C-Spine  Bone Survey  
 L-Spine  Scoliosis Study  
 T- Spine  Bone Age  
 Pelvis  Sinuses  
 Hip(s)  
 Other: \_\_\_\_\_

### CT SCAN

- w/ contrast  w/o contrast  
 w/ and w/o contrast
- Head  Chest/Thorax  
 Abdomen  Pelvis  
 Cervical Spine  Sinus  
 Lumbar Spine  Neck  
 IACs  Orbits  
 Facial Bones  
 LDCT Lung Ca Screening  
 Mastoids/Temporal Bones  
 Extremity - body part: \_\_\_\_\_  
 R or  L  
 CTA (specify area) \_\_\_\_\_
- Coronary CTA  
 Coronary Calcium Scoring  
 CT Virtual Colonoscopy  
 Other (specify): \_\_\_\_\_  
 Creatinine Level: \_\_\_\_\_  
 Date of Labs: \_\_\_\_\_

### PET/CT SCAN

- Tumor Imaging  
 78815 (routine)  
 78816 (whole body)  
 Specify \_\_\_\_\_
- Bone NaF-18 (sodium fluoride)

### NUCLEAR MEDICINE

- Bone Scan w/ radiographs as necessary  
 3-Phase Bone Scan of \_\_\_\_\_  
 (list body part) w/ radiographs as necessary  
 Liver/Spleen Scan  
 Biliary Scan  
 Biliary Scan with CCK/GB ejection fraction  
 Renal Scan Function Only  
 Renal Scan w/ACE Inhibitor to R/O RAS  
 Renal Scan w/Lasix to R/O Obstruction  
 Gated Blood Pool Scan ("MUGA")  
 Thyroid Scan & Uptake/1123  
 Gallium Scan  
 Other (specify) \_\_\_\_\_

### ULTRASOUND

- Gallbladder  Pancreas  
 Aorta  Breast R or L  
 Liver  Renal/Kidneys  
 Scrotum  Carotid  
 Fetal  Spleen  
 Fetal with transvaginal  
 Thyroid  
 Pelvic with transvaginal probe  
 Pelvic w/o transvaginal probe  
 Upper Extremity Veins  
 r/o DVT  R or  L  
 Lower Extremity Veins  R or  L  
 r/o DVT  r/o insufficiency  
 Extremity Arterial  R or  L  
 Lower  Upper  
 Pediatric Spine - includes plain x-ray of  
 thoracic & lumbar spines  
 Pediatric Hips  
 Foot  
 w/Dynamic Imaging  
 Other (specify) \_\_\_\_\_

### BIOPSIES

- Ultrasound Breast  
 Ultrasound Thyroid  
 MRI Breast  
 Stereotactic Breast

### MRI

- OPEN  HIGH FIELD  
 HIGH FIELD EXTREMITY

- w/ gad  w/ and w/o gad  
 w/o gad  
**Check one or more:**  
 Brain  MRI  MRA  
 Renal  MRI  MRA  
 Neck  MRI  MRA  
 Abdomen  MRI  MRA  
 Chest  MRI  MRA

### MRI OF THE

- C Spine  L Spine  
 T Spine  Testicles  
 Pelvis  Spectroscopy  
 Breast  Brachial Plexus  
 TMJ  Arthrogram  
 Liver  Brain/Orbits  
 Pancreas  Breast  
 Orbits  
 Extremity (specify) \_\_\_\_\_  
 Pituitary  
 Cardiac  
 MRA Peripheral (runoff)  
 Other (specify) \_\_\_\_\_  
 GFR: \_\_\_\_\_  
 Date of Labs: \_\_\_\_\_

### DIGITAL MAMMOGRAPHY

- Screening  Bilateral  
 Unilateral  L  R
- Diagnostic  Bilateral  
 Ultrasound as needed  
 Unilateral  L  R  
 Ultrasound as needed

### DEXASCAN/ BONE DENSITY