



AMERICAN COLLEGE OF
RADIOLOGY ACCREDITED

Patient Name: _____ DOB: ____/____/____

Home/Work Phone #: _____ Sex: ☐ Male ☐ Female

Cell Phone #: _____ Primary Insurance: _____

Insurance ID #: _____ Cert/Auth #: _____

Reference #: _____ NPI #: _____

Referring Physician's Name: _____

Referring Physician's Signature: _____

Physician Address: _____

ICD 10 Code: _____ DX Code(s): _____

Clinical Notes: _____

SCHEDULED APPOINTMENT

☐ Ordered Date: _____ Date: _____ Time: _____

☐ Call and Schedule Patient for Exam

☐ Patient Scheduled Date: _____ Time: _____

☐ Follow-up appt. with Dr. Date: _____ Time: _____

☐ The interpreting physician may modify the test design, including number of views, thickness of tomographic sections, and use or non-use of contrast.

PHONE: 888.909.7572 • FAX: 856.983.1582

☐ CHERRY HILL

☐ HADDONFIELD

☐ MARLTON (GREENTREE)

☐ MEDFORD

☐ WOMEN'S CENTER

☐ MOUNT LAUREL

☐ WOMEN'S CENTER

☐ MOORESTOWN

☐ ROUTE 73 (VOORHEES)

☐ SEWELL (WASH TWP)

☐ WOMEN'S CENTER

☐ TURNERSVILLE

☐ VOORHEES

☐ WOMEN'S CENTER

☐ WEST DEPTFORD

☐ WILLINGBORO

MRI

- ☐ Brain ☐ IAC ☐ Pituitary (☐ Perfusion)
☐ 70551 W/O Contrast
☐ 70553 W/ & W/O Contrast
☐ ARIA Protocol (Select 70551 or 70553)
☐ Completed Infusions: _____

☐ 76377 NeuroQuant®

☐ Dementia

☐ MS

☐ Pediatrics

☐ Seizure

☐ Orbit/Face/Neck

☐ 70540 W/O Contrast

☐ 70543 W/ & W/O Contrast

☐ Temporal Bone (TMJ)

☐ 70336 W/O Contrast

☐ 70336 W/ & W/O Contrast

☐ Cervical Spine

☐ 72141 W/O Contrast

☐ 72156 W/ & W/O Contrast

☐ Thoracic Spine

☐ 72146 W/O Contrast

☐ 72157 W/ & W/O Contrast

☐ Lumbar Spine

☐ 72148 W/O Contrast

☐ 72158 W/ & W/O Contrast

☐ Chest (☐ L ☐ R ☐ B)

☐ 71550 W/O Contrast

☐ 71552 W/ & W/O Contrast

☐ 71557 & 75561 Heart/Cardiac

☐ Upper Extremity (Non-Joint)

☐ Body Part: _____ (☐ L ☐ R ☐ B)

☐ 73218 W/O Contrast

☐ 73220 W/ & W/O Contrast

☐ Upper Extremity (Joint)

☐ Body Part: _____ (☐ L ☐ R ☐ B)

☐ 73221 W/O Contrast

☐ 73223 W/ & W/O Contrast

☐ Lower Extremity (Non-Joint)

☐ Body Part: _____ (☐ L ☐ R ☐ B)

☐ 73718 W/O Contrast

☐ 73720 W/ & W/O Contrast

☐ Lower Extremity (Joint)

☐ Body Part: _____ (☐ L ☐ R ☐ B)

☐ 73721 W/O Contrast

☐ 73723 W/ & W/O Contrast

☐ Abdomen (☐ W/ MRCP ☐ W/O MRCP)

☐ 74181 W/O Contrast

☐ 74183 W/ & W/O Contrast

☐ 72197/74183 Enterography

☐ Pelvis

☐ 72195 W/O Contrast

☐ 72197 W/ & W/O Contrast

☐ Prostate W/ 3D Recon (PSA Required)

☐ 72195 W/O Contrast

☐ 76377 W/ & W/O Contrast

☐ 76498 3D DynaCad Visualization

☐ MR Angio of Brain/Head

☐ 70544 W/O Contrast

☐ 70545 W/ Contrast

☐ 70546 W/ & W/O Contrast

☐ MR Angio of Carotid/Neck

☐ 70547 W/O Contrast

☐ 70548 W/ Contrast

☐ 70549 W/ & W/O Contrast

☐ MR Angio of Chest/Thoracic

☐ C8910 W/O Contrast

☐ C8909 W/ Contrast

☐ C8911 W/ & W/O Contrast

☐ MR Angio of Upper Extremity

☐ Body Part: _____ (☐ L ☐ R ☐ B)

☐ C8935 W/O Contrast

☐ C8934 W/ Contrast

☐ C8936 W/ & W/O Contrast

☐ MR Angio of Lower Extremity

☐ Body Part: _____ (☐ L ☐ R ☐ B)

☐ C8913 W/O Contrast

☐ C8912 W/ Contrast

☐ C8914 W/ & W/O Contrast

☐ MR Angio of Abdomen

☐ C8901 W/O Contrast

☐ C8900 W/ Contrast

☐ C8902 W/ & W/O Contrast

☐ MR Arthro of Shoulder (☐ L ☐ R ☐ B)

☐ 73222 W/ Contrast

☐ MR Arthro of Hip (☐ L ☐ R ☐ B)

☐ 73722 W/ Contrast

☐ MR Arthro of Knee (☐ L ☐ R ☐ B)

☐ 73722 W/ Contrast

☐ MR Arthro of Wrist (☐ L ☐ R ☐ B)

☐ 73222 W/ Contrast

☐ MR Arthro of Elbow (☐ L ☐ R ☐ B)

☐ 73222 W/ Contrast

CT

☐ Brain

☐ 70450 W/O Contrast

☐ 70460 W/ Contrast

☐ 70470 W/ & W/O Contrast

☐ Orbits/Temporal Bone (TMJ)

☐ 70480 W/O Contrast

☐ 70481 W/ Contrast

☐ 70482 W/ & W/O Contrast

☐ Maxillofacial/Sinus

☐ 70486 W/O Contrast

☐ Landmarx

☐ Stryker

☐ Medtronic

☐ 70487 W/ Contrast

☐ 70488 W/ & W/O Contrast

☐ Neck (☐ Parathyroid Protocol)

☐ 70490 W/O Contrast

☐ 70491 W/ Contrast

☐ 70492 W/ & W/O Contrast

☐ Colon

☐ 74263 Screening

☐ 74261 Diagnostic

☐ Cervical Spine

☐ 72125 W/O Contrast

☐ 72126 W/ Contrast

☐ 72127 W/ & W/O Contrast

☐ Thoracic Spine

☐ 72128 W/O Contrast

☐ 72129 W/ Contrast

☐ 72130 W/ & W/O Contrast

☐ Lumbar Spine

☐ 72131 W/O Contrast

☐ 72132 W/ Contrast

☐ 72133 W/ & W/O Contrast

☐ Chest

☐ 71250 W/O Contrast

☐ 71260 W/ Contrast

☐ 71270 W/ & W/O Contrast

☐ 71271 Lung Screening

☐ 75571 Calcium Scoring

PLEASE FAX BOTH SIDES OF THE REFERRAL SCRIPT PAD.

CT
☐ Chest / Abdomen / Pelvis ☐ 71250, 74176 W/O Contrast ☐ 71260, 74177 W/ Contrast ☐ 71270, 74178 W/ & W/O Contrast ☐ Upper Body Extremity ☐ Body Part: _____ (☐ L ☐ R ☐ B) ☐ 73200 W/O Contrast ☐ 73201 W/ Contrast ☐ 73202 W/ & W/O Contrast ☐ Lower Body Extremity ☐ Body Part: _____ (☐ L ☐ R ☐ B) ☐ 73700 W/O Contrast ☐ 73701 W/ Contrast ☐ 73702 W/ & W/O Contrast ☐ Abdomen ☐ 74150 W/O Contrast ☐ 74160 W/ Contrast ☐ 74170 W/ & W/O Contrast ☐ Abdomen w/ Pelvis ☐ 74176 W/O Contrast ☐ 74177 W/ Contrast ☐ 74178 W/ & W/O Contrast ☐ 74176 Stone Study ☐ 74177 Enterography ☐ 74178 Urogram ☐ CT Angio ☐ 70496 Brain/Head ☐ 70498 Carotid ☐ 70496 Brain & Carotid ☐ 71275 Chest (Pulmonary) ☐ 71275 Chest (Non-Cardiac) ☐ 75574 Heart (Coronary Arteries) ☐ 74175 Abdomen ☐ 74174 Abdomen w/ Pelvis ☐ 75635 Aorta & Runoff ☐ 73206 Upper Extremity (☐ L ☐ R ☐ B) ☐ 73706 Lower Extremity (☐ L ☐ R ☐ B) ☐ CT Arthro of Shoulder (☐ L ☐ R ☐ B) ☐ 73201 W/ Contrast ☐ CT Arthro of Hip (☐ L ☐ R ☐ B) ☐ 73701 W/ Contrast ☐ CT Arthro of Knee (☐ L ☐ R ☐ B) ☐ 73701 W/ Contrast ☐ CT Arthro of Wrist (☐ L ☐ R ☐ B) ☐ 73201 W/ Contrast ☐ CT Arthro of Elbow (☐ L ☐ R ☐ B) ☐ 73201 W/ Contrast
WOMEN'S IMAGING
☐ 3D Screening Mammogram ☐ 77067 Unilateral (☐ L ☐ R) ☐ 77063 Bilateral ☐ 3D Diagnostic Mammogram ☐ 77066 Unilateral (☐ L ☐ R) ☐ 77065 Bilateral ☐ Breast Ultrasound ☐ 76645 Screening (☐ L ☐ R ☐ B) ☐ 76642 Unilateral Limited (☐ L ☐ R) ☐ 76641 Unilateral Complete ☐ 76882 Axilla Alone ☐ 76856 Pelvic Ultrasound ☐ 76830 w/ Transvaginal ☐ Fetal Ultrasound ☐ 76816 Limited/Follow up ☐ 76801 Less than 14 Weeks ☐ 76805 Greater than 15 Weeks

WOMEN'S IMAGING
☐ MRI Breast (☐ Breast Implant Evaluation) ☐ 77046 Unilateral W/O Contrast ☐ 77048 Unilateral W/ & W/O Contrast ☐ 77047 Bilateral W/O Contrast ☐ 77049 Bilateral W/ & W/O Contrast ☐ Stereotactic Breast Biopsy ☐ 19081 Unilateral (☐ L ☐ R) ☐ 19081 Bilateral ☐ MRI Guided Core Biopsy ☐ 19085 Unilateral (☐ L ☐ R) ☐ 19085 Bilateral ☐ Ultrasound Guided Core Biopsy ☐ 19083 Unilateral (☐ L ☐ R) ☐ 19083 Bilateral ☐ Ultrasound Guided Needle Localization ☐ 19285 Unilateral (☐ L ☐ R) ☐ 19285 Bilateral ☐ MRI Guided Needle Localization ☐ 19287 Unilateral (☐ L ☐ R) ☐ 19287 Bilateral ☐ Breast Cyst Aspiration ☐ 19000 Unilateral (☐ L ☐ R) ☐ 19000 Bilateral ☐ 77080 Bone Density (DEXA) ☐ W/ Vertebral Fracture Assessment
ULTRASOUND
☐ Head/Neck ☐ 93880 Carotid Arteries ☐ 76536 Thyroid Gland ☐ 76536 Scalp/Head/Face/Neck ☐ Upper Extremity Venous ☐ 93971 Unilateral (☐ L ☐ R) ☐ 93970 Bilateral ☐ Lower Extremity Venous ☐ 93971 Unilateral (☐ L ☐ R) ☐ 93970 Bilateral ☐ 93922 Arterial Doppler Limited ☐ 93923 Arterial Doppler Complete ☐ Arterial Duplex ☐ 93931 Upper Unilateral (☐ L ☐ R) ☐ 93930 Upper Bilateral ☐ 93926 Lower Unilateral (☐ L ☐ R) ☐ 93925 Lower Bilateral ☐ 76882 Arms (☐ L ☐ R ☐ B) ☐ Exact Location: _____ ☐ 76882 Shoulder (☐ L ☐ R ☐ B) ☐ 76882 Hands/Wrists (☐ L ☐ R ☐ B) ☐ 76882 Legs (☐ L ☐ R ☐ B) ☐ 76882 Knee (☐ L ☐ R ☐ B) ☐ 76882 Ankle (☐ L ☐ R ☐ B) ☐ 76882 Foot (☐ L ☐ R ☐ B) ☐ Other MSK Studies: ☐ Specify: _____ ☐ Other Soft Tissue Studies: ☐ Specify: _____ ☐ Pelvis ☐ 76856 Complete ☐ 76870 Testicles ☐ 76857 Bladder/Groin Wall ☐ Abdomen ☐ 76705 Limited ☐ 76700 Complete ☐ 93975 Liver (☐ w/ Doppler) ☐ 91200 Liver Elastography ☐ 76705 Wall

ULTRASOUND
☐ 76775 Kidney ☐ 76770 Kidney & Bladder ☐ 93976 Renal Arteries ☐ 76706 Aorta ☐ 93978 Iliacs
PET/CT
☐ 78815 FDG Skull Base to Mid-Thigh ☐ 78816 FDG Whole Body ☐ 78608 FDG Brain Metabolic ☐ 78814 Amyloid Brain Scan (Neuraceq) ☐ 78815 PSMA Scan (Pylarify) ☐ 78815 Ga68 (Dotatate) NETSPOT
NUCLEAR MEDICINE
☐ Bone Scan ☐ 78306 Whole Body ☐ 78315 Three Phase ☐ 78300 Limited Area ☐ 78803 Bone SPECT ☐ Bone Spect/CT ☐ 78830 Bone Spect/CT ☐ 78832 Multiple Area ☐ 78830 & 78306 W/ Wholebody ☐ Brain ☐ 78803 DaTscan (I-123 Ioflupane) ☐ Gastric Emptying Scan ☐ 78264 Solid Phase Only ☐ Hepatobiliary Scan ☐ 78226 Hilda Scan ☐ 78227 Hilda Scan W/ Ejection Fraction ☐ 78215 Liver/Spleen (Static Only) ☐ Lung Scan ☐ 78580 Perfusion Only ☐ 78597 Quantitative Scan ☐ 78290 Meckel's Scan ☐ 78472 Muga Scan ☐ Parathyroid Scan ☐ 78070 Planar ☐ 78072 Spect/CT ☐ Renal Scans ☐ 78707 Flow and Function ☐ 78708 W/ Diuretic (Lasix) ☐ 78709 Captopril ☐ 78231 Salivary Scan W/ Serial Imaging ☐ Thyroid Scan ☐ 78014 Uptake and Scan ☐ Thyroid Therapy ☐ 79005 I 131 Therapy
X-RAY
☐ Exam Requested (☐ L ☐ R ☐ B): _____ ☐ Reason for Exam: _____
FLUOROSCOPY
☐ Exam Requested (☐ L ☐ R ☐ B): _____ ☐ Reason for Exam: _____