



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: _____

ORDER DETAILS

- ☐ Exam Order Date: Date: _____ Time: _____
☐ Follow-up appt. with Dr. Date: _____ Time: _____
☐ Call and Schedule Patient for Exam

APPOINTMENT DETAILS

- ☐ Patient Scheduled 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 | ☐ ROUTE 73 (VOORHEES) |
| ☐ HADDONFIELD | ☐ SEWELL (WASH TWP) |
| ☐ MARLTON (GREENTREE) | ☐ WOMEN'S CENTER |
| ☐ MEDFORD | ☐ TURNERSVILLE |
| ☐ WOMEN'S CENTER | ☐ VOORHEES |
| ☐ MOUNT LAUREL | ☐ WOMEN'S CENTER |
| ☐ WOMEN'S CENTER | ☐ WEST DEPTFORD |
| ☐ MOORESTOWN | ☐ WILLINGBORO |

MRI

- | | |
|---|---|
| <p>☐ Brain ☐ IAC ☐ Pituitary (☐ Perfusion)</p> <p>☐ 70551 W/O Contrast</p> <p>☐ 70553 W/ & W/O Contrast</p> <p>☐ ARIA Protocol (Select 70551 or 70553)</p> <p>☐ Completed Infusions: _____</p> <p>☐ 76377 NeuroQuant®</p> <p>☐ Dementia</p> <p>☐ MS</p> <p>☐ Pediatrics</p> <p>☐ Seizure</p> <p>☐ Orbit/Face/Neck</p> <p>☐ 70540 W/O Contrast</p> <p>☐ 70543 W/ & W/O Contrast</p> <p>☐ Temporal Bone (TMJ)</p> <p>☐ 70336 W/O Contrast</p> <p>☐ 70336 W/ & W/O Contrast</p> <p>☐ Cervical Spine</p> <p>☐ 72141 W/O Contrast</p> <p>☐ 72156 W/ & W/O Contrast</p> <p>☐ Thoracic Spine</p> <p>☐ 72146 W/O Contrast</p> <p>☐ 72157 W/ & W/O Contrast</p> <p>☐ Lumbar Spine</p> <p>☐ 72148 W/O Contrast</p> <p>☐ 72158 W/ & W/O Contrast</p> <p>☐ Chest (☐ L ☐ R ☐ B)</p> <p>☐ 71550 W/O Contrast</p> <p>☐ 71552 W/ & W/O Contrast</p> <p>☐ 71557 & 75561 Heart/Cardiac</p> <p>☐ Upper Extremity (Non-Joint)</p> <p>☐ Body Part: _____ (☐ L ☐ R ☐ B)</p> <p>☐ 73218 W/O Contrast</p> <p>☐ 73220 W/ & W/O Contrast</p> <p>☐ Upper Extremity (Joint)</p> <p>☐ Body Part: _____ (☐ L ☐ R ☐ B)</p> <p>☐ 73221 W/O Contrast</p> <p>☐ 73223 W/ & W/O Contrast</p> <p>☐ Lower Extremity (Non-Joint)</p> <p>☐ Body Part: _____ (☐ L ☐ R ☐ B)</p> <p>☐ 73718 W/O Contrast</p> <p>☐ 73720 W/ & W/O Contrast</p> <p>☐ Lower Extremity (Joint)</p> <p>☐ Body Part: _____ (☐ L ☐ R ☐ B)</p> <p>☐ 73721 W/O Contrast</p> <p>☐ 73723 W/ & W/O Contrast</p> | <p>☐ Abdomen (☐ W/ MRCP ☐ W/O MRCP)</p> <p>☐ 74181 W/O Contrast</p> <p>☐ 74183 W/ & W/O Contrast</p> <p>☐ 72197/74183 Enterography</p> <p>☐ Pelvis</p> <p>☐ 72195 W/O Contrast</p> <p>☐ 72197 W/ & W/O Contrast</p> <p>☐ Prostate W/ 3D Recon (PSA Required)</p> <p>☐ 72195 W/O Contrast</p> <p>☐ 76377 W/ & W/O Contrast</p> <p>☐ 76498 3D DynaCad Visualization</p> <p>☐ MR Angio of Brain/Head</p> <p>☐ 70544 W/O Contrast</p> <p>☐ 70545 W/ Contrast</p> <p>☐ 70546 W/ & W/O Contrast</p> <p>☐ MR Angio of Carotid/Neck</p> <p>☐ 70547 W/O Contrast</p> <p>☐ 70548 W/ Contrast</p> <p>☐ 70549 W/ & W/O Contrast</p> <p>☐ MR Angio of Chest/Thoracic</p> <p>☐ C8910 W/O Contrast</p> <p>☐ C8909 W/ Contrast</p> <p>☐ C8911 W/ & W/O Contrast</p> <p>☐ MR Angio of Upper Extremity</p> <p>☐ Body Part: _____ (☐ L ☐ R ☐ B)</p> <p>☐ C8935 W/O Contrast</p> <p>☐ C8934 W/ Contrast</p> <p>☐ C8936 W/ & W/O Contrast</p> <p>☐ MR Angio of Lower Extremity</p> <p>☐ Body Part: _____ (☐ L ☐ R ☐ B)</p> <p>☐ C8913 W/O Contrast</p> <p>☐ C8912 W/ Contrast</p> <p>☐ C8914 W/ & W/O Contrast</p> <p>☐ MR Angio of Abdomen</p> <p>☐ C8901 W/O Contrast</p> <p>☐ C8900 W/ Contrast</p> <p>☐ C8902 W/ & W/O Contrast</p> <p>☐ MR Arthro of Shoulder (☐ L ☐ R ☐ B)</p> <p>☐ 73222 W/ Contrast</p> <p>☐ MR Arthro of Hip (☐ L ☐ R ☐ B)</p> <p>☐ 73722 W/ Contrast</p> <p>☐ MR Arthro of Knee (☐ L ☐ R ☐ B)</p> <p>☐ 73722 W/ Contrast</p> <p>☐ MR Arthro of Wrist (☐ L ☐ R ☐ B)</p> <p>☐ 73222 W/ Contrast</p> |
|---|---|

- ☐ 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: _____
- _____