



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

Study Order: _____ 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

- | | |
|--|--|
| <input type="checkbox"/> CHERRY HILL | <input type="checkbox"/> ROUTE 73 (VOORHEES) |
| <input type="checkbox"/> HADDONFIELD | <input type="checkbox"/> SEWELL (WASH TWP) |
| <input type="checkbox"/> MARLTON (GREENTREE) | <input type="checkbox"/> WOMEN'S CENTER |
| <input type="checkbox"/> MEDFORD | <input type="checkbox"/> TURNERSVILLE |
| <input type="checkbox"/> WOMEN'S CENTER | <input type="checkbox"/> VOORHEES |
| <input type="checkbox"/> MOUNT LAUREL | <input type="checkbox"/> WOMEN'S CENTER |
| <input type="checkbox"/> WOMEN'S CENTER | <input type="checkbox"/> WEST DEPTFORD |
| <input type="checkbox"/> MOORESTOWN | <input type="checkbox"/> 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
- 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
- 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
- 76775 Kidney

ULTRASOUND

- 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: _____
- _____
- _____