

**MAIN HOSPITAL**  
1230 Baxter St., Athens, GA

**OUTPATIENT DIAGNOSTIC CENTER**  
2470 Daniells Bridge Rd, Bldg 300, Athens, GA

**TO SCHEDULE: 706.389.2700**  
FAX this order and required clinical records to: 706.389.2711

PATIENT'S LEGAL NAME	DATE OF BIRTH	PATIENT PHONE	INSURANCE COMPANY NAME
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**PHYSICIAN OFFICES** Tests cannot be performed without listing the signs/symptoms for each test ordered along with ICD-10 codes. **The Appropriate Use Criteria (AUC) are required for CT, MRI and Nuclear Medicine test.** Federal law requires that we inform you when ordering tests that will be paid under federal health programs, including Medicare and Medicaid, physicians should only order tests that are medically necessary for diagnosis or treatment of the patient, not for screening purposes.

**Your office will be contacted prior to test being performed if form is not complete.**

PATIENT SIGNS/SYMPTOMS	VENDOR: _____ ID: _____	ICD-10 CODE:
	APPROPRIATENESS: _____ SCORE: _____	

PHYSICIAN NAME (PLEASE PRINT)	<input type="checkbox"/> CALL REPORT TO _____ <input type="checkbox"/> FAX REPORT TO _____
X ORDERING PHYSICIAN'S SIGNATURE _____ DATE/TIME _____ <i>Signature Stamps Are Not Valid</i>	SPECIAL INSTRUCTIONS

**DIAGNOSTIC *unscheduled***

<b>CRANIAL</b>	
___ FACIAL BONES	70150
___ MANDIBLE	70110
___ NASAL BONES	70160
___ SINUSES	70220
___ SKULL	70260
___ WATERS VIEW	70210
<b>THORAX</b>	
___ CHEST 2-VIEW	71020
___ RIBS BILATERAL	71111
<b>SPINE</b>	
___ C-SPINE 1-VIEW	72020
___ C-SPINE 2-VIEW	72040
___ C-SPINE FLEX/EXT ONLY	72040
___ C-SPINE COMPLETE W/F/E	72052
___ C-SPINE COMPLETE	72052
___ T-SPINE 3-VIEW	72072
___ L-SPINE 2-VIEW	72100
___ L-SPINE FLEX/EXT	72100
___ L-SPINE COMPLETE W/F/E	72114
___ L-SPINE COMPLETE	72110
___ SCOLIOSIS SURVEY	72069
<b>ABDOMEN</b>	
___ ABDOMEN/KUB	74000
___ ABDOMEN 2-VIEW	74010
___ ABDOMEN SERIES	74022
___ SITZ MARKER	74000
<b>UPPER EXTREMITIES</b>	
___ ELBOW (R/L)	73080
___ FINGER(S) (R/L)	73140
___ FOREARM (R/L)	73090
___ HAND (R/L)	73130
___ HUMERUS (R/L)	73060
___ SHOULDER (R/L)	73030
___ WRIST 2-VIEW (R/L)	73100
___ WRIST COMPLETE (R/L)	73110
<b>LOWER EXTREMITIES</b>	
___ ANKLE 2-VIEW (R/L)	73600
___ ANKLE COMPLETE (R/L)	73610
___ FEMUR (R/L)	73550
___ FOOT (R/L)	73630
___ HIPS, BILATERAL	73520
___ HIP (R/L)	73510
___ KNEE 2-VIEW (R/L)	73560
___ KNEE COMPLETE (R/L)	73564
___ OS CALCIS (HEEL) (R/L)	73650
___ PELVIS, AP	72170
___ TIBIA/FIBULA (R/L)	73590
___ TOE(S) (R/L)	73660
<b>OTHER</b>	
___ OTHER _____	

**DIAGNOSTIC *scheduled***

___ ARTHROGRAM	___ CT ANGIO CORONARY	75574	<b>NUCLEAR MEDICINE</b>
___ BARIUM ENEMA (ADULT/PEDS)	___ CT ANGIO HEAD	70496	___ BONE SCAN TOTAL BODY
___ BARIUM ENEMA W/AIR	___ CT ANGIO NECK	70498	___ BONE SCAN 3-PHASE
___ BARIUM SWALLOW (ESOPHAGRAM)	___ CT ANGIO PELVIS	72191	___ GALLIUM SCAN
___ CERVICAL MYELOGRAM	___ OTHER: _____		___ GASTRIC EMPTYING
___ ENTEROCYCLISIS	<b>MRI</b>		___ GI BLEED SCAN
___ HSG	___ ABDOMEN W & W/O CONTRAST	74183	___ HIDA SCAN
___ LUMBAR MYELOGRAM	___ ABDOMEN W/O CONTRAST	74181	___ HIDA SCAN W/CCK
___ MODIFIED BARIUM SWALLOW	___ ANKLE W & W/O CONTRAST (R/L)	73723	___ I-123 THYROID (UPTAKE/SCAN)
___ SIALOGRAM	___ ANKLE W/O CONTRAST (R/L)	73721	___ I-131 THERAPY
___ SMALL BOWEL (ADULT/PEDS)	___ BRAIN W & W/O CONTRAST	70553	___ I-131 WHOLE BODY SCAN
___ THORACIC MYELOGRAM	___ BRAIN W/O CONTRAST	70551	___ WBC LOCALIZATION
___ UGI SERIES	___ BREAST BILATERAL		___ LIVER SPECT
___ UGI W/SMALL BOWEL	___ W & W/O CONTRAST	77059	___ LIVER/SPLEEN SCAN
___ VCUG	___ C-SPINE W & W/O CONTRAST	72159	___ VQ LUNG SCAN
<b>CT</b>	___ C-SPINE W/O CONTRAST	72141	___ LUNG SCAN W/QUANT DIFF
___ ABDOMEN W/CONTRAST	___ CHEST W & W/O CONTRAST	71552	___ LYMPHOSCINTIGRAPHY
___ ABDOMEN W & W/O CONTRAST	___ CHEST W/O CONTRAST	71550	___ MECKELS SCAN
___ ABDOMEN W/O CONTRAST	___ HIP W & W/O CONTRAST (R/L)	73723	___ MUGA
___ BIOPSY: _____	___ HIP W/O CONTRAST (R/L)	73721	___ MYOCARDIAL PERFUSION MULTI
___ CALCIUM SCORING	___ IAC W & W/O CONTRAST	70553	___ OCTREOTIDE SCAN
___ C-SPINE W/O CONTRAST	___ L-SPINE W & W/O CONTRAST	72158	___ PARATHYROID
___ CHEST W/CONTRAST	___ L-SPINE W/O CONTRAST	72148	___ RENAL SCAN
___ CHEST W/O CONTRAST	___ ORBITS W & W/O CONTRAST	70543	___ RENAL SCAN W/CAPTAPRIL
___ CHEST SUPER D W/CONTRAST	___ PELVIS W & W/O CONTRAST	72197	___ RENAL SCAN W/LASIX
___ CHEST SUPER D W/O CONTRAST	___ PELVIS W/O CONTRAST	72195	___ TECHNESIUM THYROID
___ ENTEROGRAPHY	___ PITUITARY W & W/O CONTRAST	70553	___ OTHER: _____
___ HEAD W & W/O CONTRAST	___ SACRUM W & W/O CONTRAST	72197	<b>ULTRASOUND</b>
___ HEAD W/O CONTRAST	___ SACRUM W/O CONTRAST	72195	___ ABDOMEN
___ L-SPINE W/O CONTRAST	___ T-SPINE W & W/O CONTRAST	72157	___ AORTA
___ LOWER EXTREMITY W/CONTRAST	___ T-SPINE W/O CONTRAST	72146	___ APPENDIX
___ LOWER EXTREMITY W/O CONTRAST	___ TMJ	70336	___ BIOPHYSICAL PROFILE
___ MASTOID (IACS) W/CONTRAST	___ OTHER: _____		___ BREAST: ___ R ___ L ___ B
___ MASTOID (IACS) W/O CONTRAST	<b>MR ANGIO</b>		___ CRANIAL
___ MAX FACIAL W/CONTRAST	___ MRA ABDOMEN W/CONTRAST		___ EXTREMITY NONVASCULAR (R/L)
___ MAX FACIAL W/O CONTRAST	___ MRA ABDOMEN		___ GALLBLADDER/PANCREAS
___ NECK (SOFT TISSUE) W/CONTRAST	___ W & W/O CONTRAST	C8902	___ KIDNEYS/RENAL
___ ORBITS W/CONTRAST	___ MRA HEAD W/O CONTRAST	70544	___ LIVER
___ ORBITS W/O CONTRAST	___ MRA LOWER EXTREMITY		___ OB CPT _____
___ PELVIS W/CONTRAST	___ W & W/O CONTRAST	C8914	___ PARACENTESIS
___ PELVIS W/O CONTRAST	___ MRA NECK W/O CONTRAST	70547	___ PELVIS - NON OB
___ SINUSES COMPLETE W/O CONTRAST	___ MRA NECK W & W/O CONTRAST	70549	___ PYLORUS
___ T-SPINE W/O CONTRAST	___ MRA RENAL ARTERY		___ SPINE
___ UPPER EXTREMITY W/CONTRAST	___ W & W/O CONTRAST	C8902	___ TESTICULAR/SCROTUM
___ UPPER EXTREMITY W/O CONTRAST	___ LOWER EXTREMITY:		___ THORACENTESIS
<b>CT ANGIO</b>	___ SPECIFY _____		___ THYROID
___ CT ANGIO ABDOMEN	___ UPPER EXTREMITY:		___ BIOPSY _____
___ CT ANGIO ABDOMEN W/RUNOFF	___ SPECIFY _____		___ OTHER _____
___ CT ANGIO CHEST			

For information call 706-389-3000 or 1-800-233-STMH  
or visit our website at [stmarysathens.org](http://stmarysathens.org)

