

Date: _____ Creatinine: _____ CD

Insurance: _____ Auth # _____ AUC: _____

 Language Preference: English Spanish Creole Other _____

Diagnosis: _____

Patient's Name: _____

Patient's DOB: _____

Patient's Phone: _____

Physician's Name: _____

Physician's NPI: _____

Physician's Phone/Fax: _____

Physician's Signature: _____

CC Physician: _____

CT PLEASE CIRCLE CPT CODE FOR IV CONTRAST OPTION	w/o IV	w/IV	w/ & w/o IV
<input type="checkbox"/> Dual Energy: available at all locations except Wellington			
<input type="checkbox"/> Head	70450	70460	70470
<input type="checkbox"/> Sinuses: Complete <input type="checkbox"/> Sinus Medtronic	70486	n/a	n/a
<input type="checkbox"/> Orbits __ w/ 3D (+76376) <input type="checkbox"/> IAC <input type="checkbox"/> Temporal Bones <input type="checkbox"/> Mastoids	70480	70481	70482
<input type="checkbox"/> Max/Facial Bones __ w/ 3D (+76376) <input type="checkbox"/> Jaw/TMJ __ w/ 3D (+76376)	70486	70487	n/a
<input type="checkbox"/> Soft Tissue Neck	70490	70491	70492
<input type="checkbox"/> Spine: Cervical __ w/ 3D (+76376)	72125	72126	n/a
<input type="checkbox"/> Spine: Thoracic __ w/ 3D (+76376)	72128	72129	n/a
<input type="checkbox"/> Spine: Lumbar __ w/ 3D (+76376)	72131	72132	n/a
<input type="checkbox"/> Chest	71250	71260	71270
<input type="checkbox"/> Abdomen Only	74150	74160	74170
<input type="checkbox"/> Pelvis Only __ w/ 3D Bony only (+76376)	72192	72193	72194
<input type="checkbox"/> Abdomen & Pelvis: __ yes oral contrast __ no oral contrast	74176	74177	74178
<input type="checkbox"/> CT Enterography	n/a	74177	n/a
<input type="checkbox"/> CT IVP __ w/ pre & post KUB __ w/ IVP	n/a	n/a	74178 74400
<input type="checkbox"/> CT IVP (CT only)	n/a	n/a	74178
<input type="checkbox"/> Stone Protocol (no oral, no IV contrast)	74176	n/a	n/a
<input type="checkbox"/> Upper Extremity: (R / L _____) __ w/ 3D (+76376)	73200	73201	n/a
<input type="checkbox"/> Lower Extremity: (R / L _____) __ w/ 3D (+76376)	73700	73701	n/a
<input type="checkbox"/> Other:			

CTA PLEASE CIRCLE CPT CODE FOR IV CONTRAST OPTION	w/o IV	w/IV	w/ & w/o IV
<input type="checkbox"/> Head/Brain	n/a	n/a	70496
<input type="checkbox"/> Neck/Carotid	n/a	n/a	70498
<input type="checkbox"/> Chest __ PE study (w/ IV only 71275) __ Chest Aorta	n/a	n/a	71275
<input type="checkbox"/> Abdomen	n/a	n/a	74175
<input type="checkbox"/> Abdomen & Pelvis	n/a	n/a	74174
<input type="checkbox"/> Cardiac Calcium Score Only	75571	n/a	n/a
<input type="checkbox"/> CCTA / CTA Heart w/3D	n/a	n/a	75574
<input type="checkbox"/> Triple Rule Out	n/a	n/a	75574 71275
<input type="checkbox"/> Runoff (bilateral lower extremity)	n/a	75635	n/a
<input type="checkbox"/> Other:			

MRI PLEASE CIRCLE CPT CODE FOR IV CONTRAST OPTION	w/o IV	w/IV	w/ & w/o IV
<input type="checkbox"/> 3T <input type="checkbox"/> 1.5T			
<input type="checkbox"/> Metal Artifact Reduction Sequences: available at all locations			
<input type="checkbox"/> Brain <input type="checkbox"/> IAC <input type="checkbox"/> Pituitary	70551	n/a	70553
<input type="checkbox"/> Orbit <input type="checkbox"/> Face <input type="checkbox"/> Sinus <input type="checkbox"/> Neck	70540	n/a	70543
<input type="checkbox"/> TMJ	70336	n/a	n/a
<input type="checkbox"/> Spine: Cervical	72141	n/a	72156
<input type="checkbox"/> Spine: Thoracic	72146	n/a	72157
<input type="checkbox"/> Spine: Lumbar	72148	n/a	72158
<input type="checkbox"/> Chest	71550	n/a	71552
<input type="checkbox"/> Breast MRI w/ & w/o Contrast <input type="checkbox"/> Breast MRI w/o (implant rupture only)	77047	n/a	77049
<input type="checkbox"/> Abdomen: <input type="checkbox"/> Kidney <input type="checkbox"/> Adrenal <input type="checkbox"/> MRCP	74181	n/a	74183
<input type="checkbox"/> MR Enterography	n/a	n/a	74183 72197
<input type="checkbox"/> Brach.Plex. R / L <input type="checkbox"/> Humerus R / L <input type="checkbox"/> Forearm R / L <input type="checkbox"/> Hand R / L	73218	n/a	73220
<input type="checkbox"/> Shoulder R / L <input type="checkbox"/> Elbow R / L <input type="checkbox"/> Wrist R / L	73221	n/a	73223
<input type="checkbox"/> Pelvis	72195	n/a	72197
<input type="checkbox"/> Pelvis/Prostate w & w/o __ w/ 3D (+76376) __ w/ Profuse (+76377)	n/a	n/a	72197
<input type="checkbox"/> Hip R / L <input type="checkbox"/> Knee R / L <input type="checkbox"/> Ankle/Mid/Hindfoot R / L	73721	n/a	73723
<input type="checkbox"/> Femur R / L <input type="checkbox"/> Tib/Fib R / L <input type="checkbox"/> Mid/Foreft R / L <input type="checkbox"/> Foreft/Toes R / L	73718	n/a	73720
<input type="checkbox"/> Other:			

MRA PLEASE CIRCLE CPT CODE FOR IV CONTRAST OPTION	w/o IV	w/IV	w/ & w/o IV
<input type="checkbox"/> Head: <input type="checkbox"/> Arterial <input type="checkbox"/> Venous	70544	n/a	70546
<input type="checkbox"/> Neck	70547	n/a	70549
<input type="checkbox"/> Chest: <input type="checkbox"/> Aorta	n/a	n/a	71555
<input type="checkbox"/> Abdomen: <input type="checkbox"/> Aorta <input type="checkbox"/> Renal <input type="checkbox"/> Mesenteric <input type="checkbox"/> Venous	n/a	n/a	74185
<input type="checkbox"/> Runoff	n/a	n/a	74183 73725 x2

PET/CT PLEASE CIRCLE CPT CODE FOR IV CONTRAST OPTION	w/o IV	w/IV	w/ & w/o IV
<input type="checkbox"/> Amyloid Brain Localization w/o IV	78814	n/a	n/a
<input type="checkbox"/> Amyloid Brain Diagnostic w/o IV	78814 70450	n/a	n/a
<input type="checkbox"/> Axumin Prostate (must submit separate Axumin order form)	78815	n/a	n/a
<input type="checkbox"/> Brain Metabolic PET w/ CT Localization w/o IV	78608	n/a	n/a
<input type="checkbox"/> Brain Metabolic PET w/ CT Diagnostic w/o IV	78608 70450	n/a	n/a
<input type="checkbox"/> General Oncology Whole Body Localization w/o IV	78815	n/a	n/a
<input type="checkbox"/> General Oncology Whole Body DX w/ IV & Oral (chest/abd/pelvis)	n/a	n/a	78812 74177 71260
<input type="checkbox"/> Melanoma Whole Body Localization w/o IV	78816	n/a	n/a
<input type="checkbox"/> Melanoma Whole Body Diagnostic w/ IV & Oral (chest/abd/pelvis)	n/a	n/a	78813 74177 71260
<input type="checkbox"/> NaF Bone Scan	78816	n/a	n/a
<input type="checkbox"/> Other:			

NUCLEAR/CT (SPECT)
<input type="checkbox"/> Cervical <input type="checkbox"/> Thoracic <input type="checkbox"/> Lumbar <input type="checkbox"/> Liver <input type="checkbox"/> Parathyroid
<input type="checkbox"/> Other:

NUCLEAR
<input type="checkbox"/> Nuclear Stress Test: __ w/ Treadmill __ w/ Lexi (no treadmill) __ Non Nuc Treadmill Only
<input type="checkbox"/> 3 Phase Bone <input type="checkbox"/> Whole Body Bone Scan
<input type="checkbox"/> WB I-131 <input type="checkbox"/> Parathyroid
<input type="checkbox"/> Thyroid Therapy _____ mCi <input type="checkbox"/> Triple Renal Scan w/ Lasix
<input type="checkbox"/> Thyroid Uptake & Scan <input type="checkbox"/> Triple Renal Scan w/o Lasix
<input type="checkbox"/> MUGA <input type="checkbox"/> Liver Spleen
<input type="checkbox"/> Hepato/Disida/Hida: __ w/CCK __ w/o CCK <input type="checkbox"/> Liver SPECT
<input type="checkbox"/> Gastric Emptying <input type="checkbox"/> DaT Scan
<input type="checkbox"/> Other:

BONE DENSITY
<input type="checkbox"/> Bone Densitometry/DEXA

3D MAMMOGRAPHY
<input type="checkbox"/> Screening Digital Mammo __ Bilateral __ Right __ Left <input type="checkbox"/> Implants
<input type="checkbox"/> Diagnostic Digital Mammo __ Bilateral __ Right __ Left <input type="checkbox"/> Implants
<input type="checkbox"/> Other:

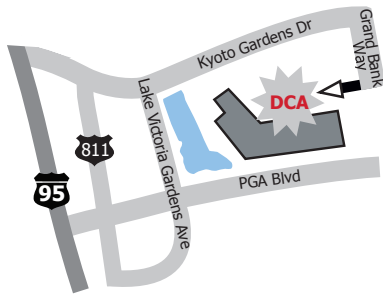
ULTRASOUND
<input type="checkbox"/> Carotid <input type="checkbox"/> Thyroid <input type="checkbox"/> Soft Tissue _____ (Body Part) <input type="checkbox"/> Scrotum
<input type="checkbox"/> Retro CMP. __ (renal/aorta) __ (renal/bladder) <input type="checkbox"/> Retro LTD. __ (renal) __ (aorta)
<input type="checkbox"/> Abdomen: __ Complete __ Limited: __ RUQ <input type="checkbox"/> AAA screen
<input type="checkbox"/> Breast: __ Bilateral __ Right __ Left
<input type="checkbox"/> Pelvic /Transabdominal <input type="checkbox"/> Pelvic/Transvaginal
<input type="checkbox"/> OB Complete: __ <=14 Wks __ >14 Wks <input type="checkbox"/> BPP w/o Non Stress Test
<input type="checkbox"/> Venous: __ Bilateral __ Right __ Left __ Upper __ Lower
<input type="checkbox"/> Arterial: __ Bilateral __ Right __ Left __ Upper __ Lower __ w/ABI
<input type="checkbox"/> Echocardiogram <input type="checkbox"/> Stress Echo <input type="checkbox"/> EKG
<input type="checkbox"/> Other:

XRAY
<input type="checkbox"/> CXR: Single view 2 views Decubs <input type="checkbox"/> Abdomen/KUB <input type="checkbox"/> Abdomen 2 views
<input type="checkbox"/> Spine: Cervical <input type="checkbox"/> Spine: Thoracic <input type="checkbox"/> Spine: Lumbar <input type="checkbox"/> Scoliosis
<input type="checkbox"/> Skull <input type="checkbox"/> Sinus <input type="checkbox"/> Ribs R / L <input type="checkbox"/> Pelvis
<input type="checkbox"/> Shoulder R / L <input type="checkbox"/> Elbow R / L <input type="checkbox"/> Wrist R / L <input type="checkbox"/> Hand R / L
<input type="checkbox"/> Hip R / L <input type="checkbox"/> Femur R / L <input type="checkbox"/> Knee R / L <input type="checkbox"/> Tib/Fib R / L
<input type="checkbox"/> Ankle R / L <input type="checkbox"/> Foot R / L <input type="checkbox"/> Bone Age Study
<input type="checkbox"/> Other:

STAT criteria: STAT request must meet critical diagnosis / indications for critical findings. See complete list of critical diagnosis / indications on the backside of this form.

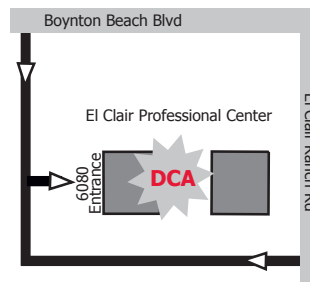
STAT policy: Patient is held until the radiologist reads the study. Only positive findings are called to the physician's office. For negative results, the patient is released.

Ortho STAT MRI and CT studies after 4PM and weekends, please allow 24-48 hours for the report. With the exception of hip and pelvis fractures, all other fractures after 4 PM and weekends, results will be called in 24 - 48 hours.



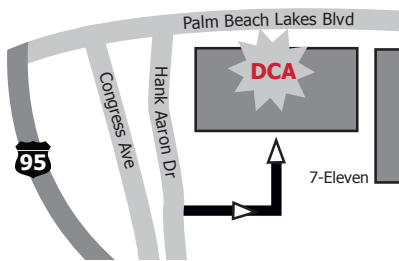
PALM BEACH GARDENS

On the north side of PGA Blvd.
3601 PGA Blvd.
#100
Palm Beach Gardens, FL 33410



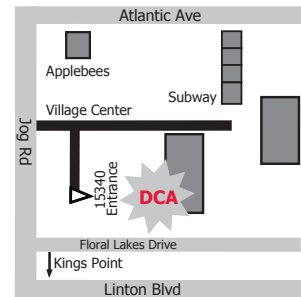
WEST BOYNTON BEACH

On the southwest corner
of El Clair Ranch Road and
Boynton Beach Blvd.
6080 Boynton Beach Blvd.
#140
Boynton Beach, FL 33437



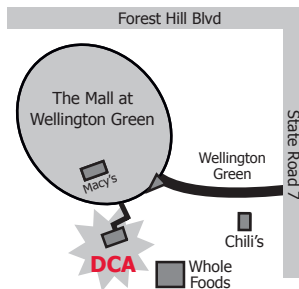
WEST PALM BEACH

On the southeast corner
of Palm Beach Lakes Blvd.
and Hank Aaron Drive.
1572 Palm Beach Lakes Blvd.
#2
West Palm Beach, FL 33401



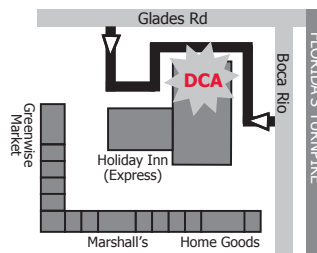
DELRAY BEACH

On the east side of
Jog Road, just south
of Atlantic Avenue.
15340 Jog Road, #160
Delray Beach, FL 33446



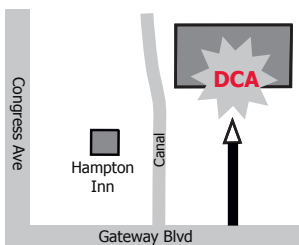
WELLINGTON

Turn onto Wellington Green.
DCA is a free standing
building located between
the Wellington Mall and
Whole Foods Market.
2565 South State Road 7
Wellington, FL 33414



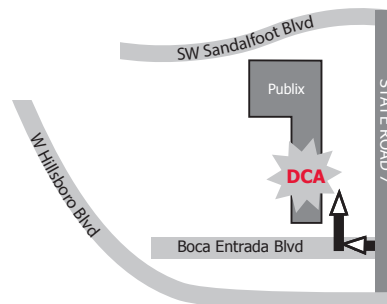
BOCA RATON

On the south side of
Glades Road, just west
of the Turnpike.
8142 Glades Road
Boca Raton, FL 33434



EAST BOYNTON BEACH

On the north side of
Gateway Blvd., east of
Congress Avenue.
1425 Gateway Blvd., #100
Boynton Beach, FL 33426



NORTH BROWARD

On the west side of
State Road 7, just north
of W. Hillsboro Blvd.
23071 State Road 7
Boca Raton, FL 33428

Diagnosis / Indications* for Ordering STAT

Chest: Pneumothorax, Pulmonary Embolism, Pneumonia, Aortic Dissection, Chest Pain, Pleural Effusion, Pericardial Effusion, Leaking Thoracic Aortic Aneurysm, Hemoptysis, Suspected New or Recurrent Malignancy, Pneumopericardium, Severe Coronary Artery Stenosis.

Abdominal/Pelvic: Pneumoperitoneum, Leaking AAA, Foreign Body, Intra-Abdominal Abscess, Acute Pancreatitis, Acute Appendicitis, Acute Cholecystitis, Diverticulitis, Biliary Obstruction, Bowel Obstruction, Fetal Demise, Ectopic Pregnancy, Intussusception, G.I. Bleed. Testicular Torsion. Acute Pyelonephritis, Acute Nonlocalized Abdominal Pain, Gross Hematuria, Free Air.

Head/Neck: Acute Cerebral Hemorrhage, Acute CVA, TIA, Diplopia, Severe Carotid Stenosis, Undocumented Cerebral Aneurysm.

Spine/MSK: Cord Compression, Acute Fracture, Osteomyelitis, Foot Drop.

Upper/Lower Extremity: Acute Fracture, Suspected Lower Extremity DVT.

*Other indications not listed above can be ordered as a STAT, for a patient who has a strong medical concern or medically emergent condition.