



Date: _____
 Auth #: _____
 CD
 Creatinine: _____

Diagnosis: _____
 Insurance: _____
 Patient's Name: _____
 Patient's DOB: _____
 Patient's Phone: _____
 Language Preference: English Spanish Creole Other _____
 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 attn:prostate w & w/o ___ w/ 3D reconstruction (+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 Localization CT w/o IV	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	78812 74177 71260	n/a
<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	78813 74177 71260	n/a
<input type="checkbox"/> NaF Bone Scan	78816	n/a	n/a
<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 ___ Boca ___ Delray
<input type="checkbox"/> Other:

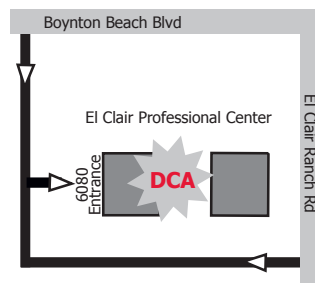
BONE DENSITY
<input type="checkbox"/> Bone Densitometry/DEXA

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:

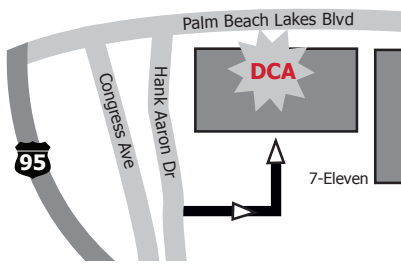
ULTRASOUND
<input type="checkbox"/> Carotid <input type="checkbox"/> Thyroid <input type="checkbox"/> Soft Tissue _____ (Body Part) <input type="checkbox"/> Scrotum
<input type="checkbox"/> Retro CMP. ___ (renal/aorta) ___ (renal/bladder) <input type="checkbox"/> Retro LTD. ___ (renal) ___ (aorta)
<input 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:

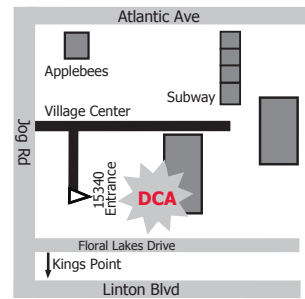
STAT Criteria: STAT request must meet critical diagnosis / indications for critical findings. See complete list of critical diagnosis / indications on the backside of this form.
 STAT policy: Patient is held until the radiologist reads the study. Positive and negative findings are called to the physician's 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.



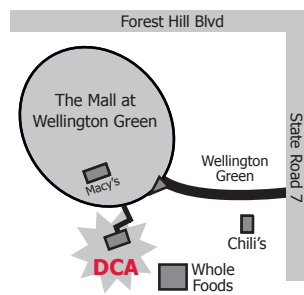
WEST BOYNTON BEACH
 On the southwest corner of El Clair Ranch Road and Boynton Beach Blvd.
 6080 Boynton Beach Blvd.
 #140
 Boynton Beach, FL 33437



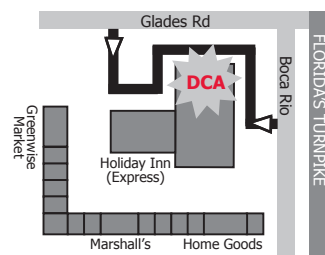
WEST PALM BEACH
 On the southeast corner of Palm Beach Lakes Blvd. and Hank Aaron Drive.
 1572 Palm Beach Lakes Blvd.
 #2
 West Palm Beach, FL 33401



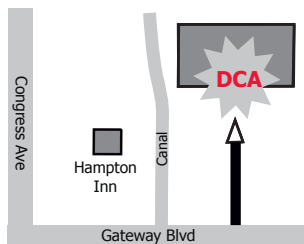
DELRAY BEACH
 On the east side of Jog Road, just south of Atlantic Avenue.
 15340 Jog Road, #160
 Delray Beach, FL 33446



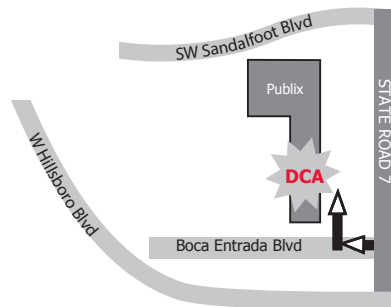
WELLINGTON
 Turn onto Wellington Green. DCA is a free standing building located between the Wellington Mall and Whole Foods Market.
 2565 South State Road 7
 Wellington, FL 33414



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



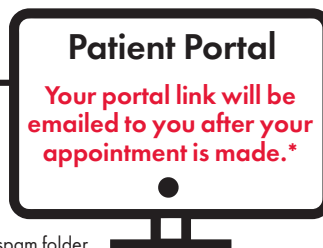
NORTH BROWARD
 On the west side of State Road 7, just north of W. Hillsboro Blvd.
 23071 State Road 7
 Boca Raton, FL 33428



Pre-register Online



View Exam Preps



Patient Portal

Your portal link will be emailed to you after your appointment is made.*



View Appointments



Access Reports

*Reports are available on the portal five business days after exam date.
 A valid email is required for the patient portal. Please check your inbox or spam folder.

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.