

Name: _____ D. O. B.: _____ Phone #: _____ M F SSN #: _____

Address: _____ City: _____ St: _____ Zip: _____

★ Your Appointment: Date: _____ Time: _____ Location: _____ ★

Referring Provider
 Dr. Name: _____ Dr. Phone: _____ Dr. Fax: _____
 PHONE REPORT PHONE & HOLD REPORT SEND CD/DVD VIA PATIENT WET READ Copy To: _____
 DX History & Notes: _____

 Insurance: _____

X _____
Physician's Signature

GENERAL RADIOLOGY	
HEAD	
70110 Mandible	
70150 Facial Bones	
70130 Mastoids	
70160 Nasal Bones	
70200 Orbits	
70220 Sinuses, complete	
70250 Skull AP/LAT	
70260 Skull Series	
70330 TM Joints	
70360 Neck Soft Tissue	
THORAX & ABDOMEN	
71010 Chest, 1 view	
71020 Chest, 2 view	
71021 Chest, lordotic	
71035 Chest, decubitus	<input type="checkbox"/> L <input type="checkbox"/> R
71100 Ribs, unilateral	<input type="checkbox"/> L <input type="checkbox"/> R
71101 Ribs, uni w/ PA Chest	<input type="checkbox"/> L <input type="checkbox"/> R
71110 Ribs, bilateral	
71120 Sternum	
74000 Abdomen, single view	
74020 Abdomen, complete (flat & upright)	
SPINE & PELVIS	
72040 Cervical Spine, AP/LAT	
72050 Cervical Spine, incl. obl.	
72052 Cervical Spine, complete incl. obliques & flex/ext	
72072 Thoracic Spine, AP/LAT	
72069 Scoliosis Series PA only	

GENERAL RADIOLOGY	
SPINE & PELVIS (continued)	
72100 Lumbar Spine, AP/LAT	
72110 Lumbar Spine, incl. obl.	
72114 Lumbar Spine, complete incl. obl & bending	
72170 Pelvis AP	
72202 SI Joints, > 3 views	
72220 Sacrum & Coccyx, min 2 views	
UPPER EXTREMITY	
73000 Clavicle, complete	<input type="checkbox"/> L <input type="checkbox"/> R
73010 Scapula, complete	<input type="checkbox"/> L <input type="checkbox"/> R
73030 Shoulder, complete	<input type="checkbox"/> L <input type="checkbox"/> R
73050 AC Joints	<input type="checkbox"/> L <input type="checkbox"/> R
73060 Humerus	<input type="checkbox"/> L <input type="checkbox"/> R
73080 Elbow, complete	<input type="checkbox"/> L <input type="checkbox"/> R
73090 Forearm, AP/LAT	<input type="checkbox"/> L <input type="checkbox"/> R
73110 Wrist, complete	<input type="checkbox"/> L <input type="checkbox"/> R
73130 Hand, min 3 views	<input type="checkbox"/> L <input type="checkbox"/> R
73140 Fingers, min 2 views	<input type="checkbox"/> L <input type="checkbox"/> R
LOWER EXTREMITY	
73510 Hip, unilat (incl pelvis)	<input type="checkbox"/> L <input type="checkbox"/> R
73520 Hip, bilateral (incl pelvis)	
73550 Femur, AP/LAT	<input type="checkbox"/> L <input type="checkbox"/> R
73564 Knee, complete	<input type="checkbox"/> L <input type="checkbox"/> R
73590 Tibia&Fibula, AP/LAT	<input type="checkbox"/> L <input type="checkbox"/> R
73610 Ankle, complete	<input type="checkbox"/> L <input type="checkbox"/> R
73630 Foot, complete	<input type="checkbox"/> L <input type="checkbox"/> R
73650 Calcaneous, min 2view	<input type="checkbox"/> L <input type="checkbox"/> R
73660 Toes, min, 2 views	<input type="checkbox"/> L <input type="checkbox"/> R

ULTRASOUND	
76536 Thyroid	
76536 Soft Tissue Head & Neck	
Specify Site:	
76604 Chest Wall	
76645 Breast	
76700 Abdominal	prep 2
76770 <input type="checkbox"/> Renal <input type="checkbox"/> Aorta	
76830 and 76856	
Transvaginal and Pelvic	prep 3
76870 Scrotum	
76881 Extremity, non-vascular, complete	
93970 Venous, Duplex, bilateral	
93971 Venous Duplex, unilateral or ltd	
OTHER NOT LISTED	
BONE SPECIFIC	
77080 DEXA Bone Density	
(NO CONTRAST OF ANY TYPE 7 DAYS PRIOR TO EXAM)	
77075 Bone Survey, complete	
77072 Bone Age	
DIGITAL MAMMOGRAPHY	
G0206/77051 Mammography uni w/CAD	prep 4
G0204/77051 Mammography bil w/CAD	prep
G0202/77052 Mammography Screen w/CAD	prep 4

DIC TECH ONLY	
Comparison Studies: <input type="checkbox"/> DIG	<input type="checkbox"/> NFRMC
History:	

PATIENT INSTRUCTIONS

- Prep #2:** Nothing to eat or drink after midnight. (Minimum 8 hours)
- Prep #3:** Finish drinking 32 ounces of any type of fluid 1 hour before appointment. **DO NOT URINATE**
- Prep #4:**
- Wash under arm and breasts the day of the exam.
 - DO NOT** use deodorants, perfumes, powders, ointments or anything in the underarm area or on the breasts until exam is complete.
 - A two-piece outfit is suggested for your convenience:

LOCATIONS

Diagnostic Imaging Center

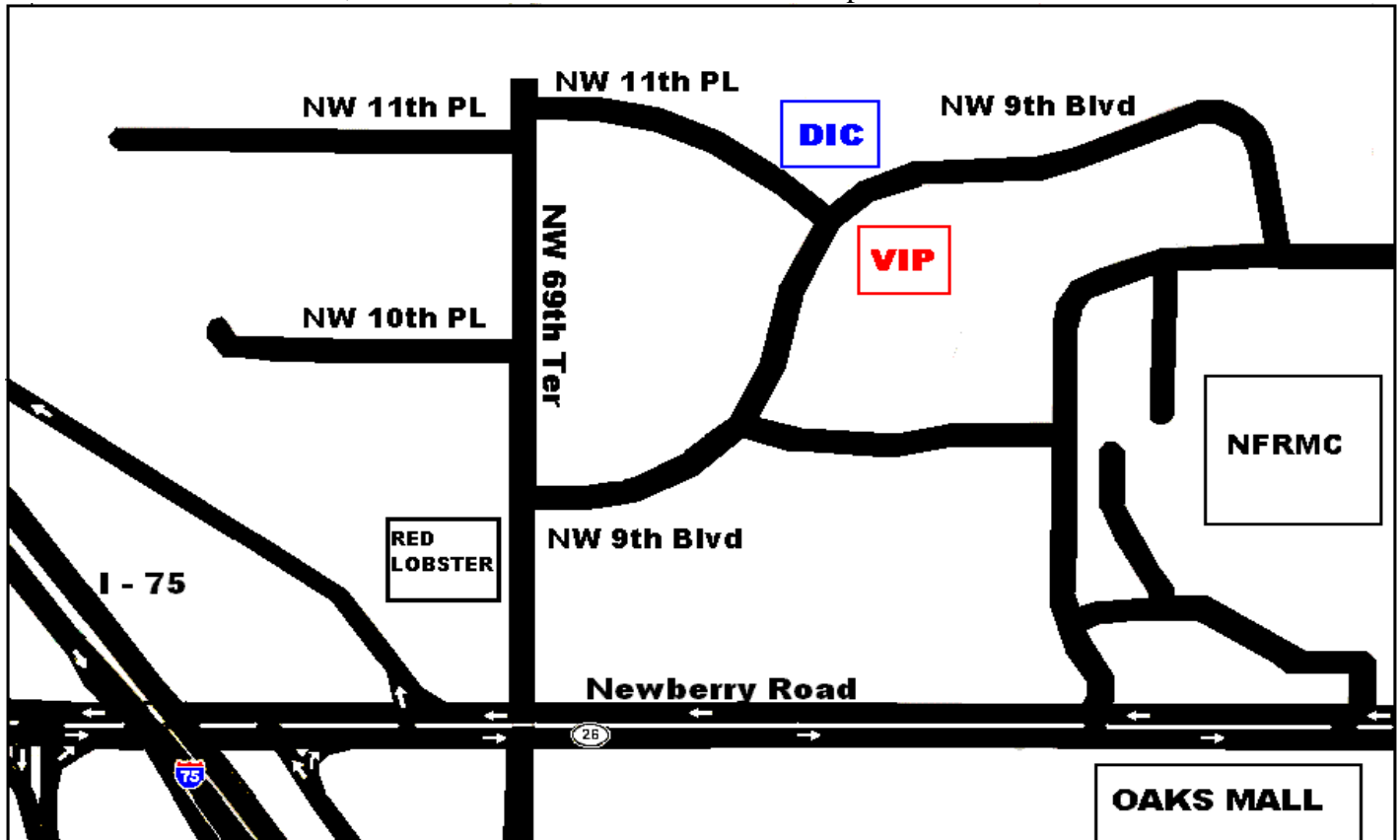
Phone:(352) 331-9729 Fax: (352)331-9744

Address: 6716 NW 11th Place, Gainesville Hours: 7:30am-5:30pm M-F

Vascular & Interventional Physicians

Phone:(352) 333-7847 Fax: (352) 333-0990

Address: 6685 NW 9th Blvd, Gainesville Hours: 7:30am-5:30pm M-F



SEE OTHER SIDE FOR EXAMS

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