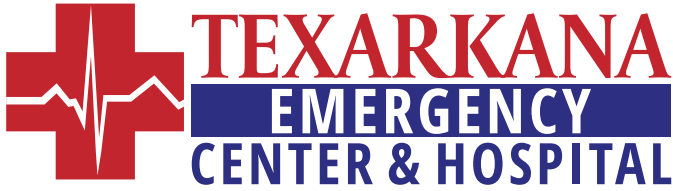


REQUEST FOR OUTPATIENT SERVICES



TO SCHEDULE CALL:
903.733.7242
903.306.1600 (fax)

4646 Cowhorn Creek Rd.
Texarkana, Texas 75503

Name of Patient _____ Social Security # _____

Date of Birth _____ Home Phone # _____ Cell # _____

Date of Procedure _____ Time to Report _____

Insurance Carrier _____ Auth/Referral # _____

Physician Signature _____

MRI

- Brain -w/wo 70553
- Brain - w/o 70551
- IAC's - w/wo 70543
- C-Spine - w/o 72141
- C-Spine - w/wo 72156
- T-Spine - w/wo 72157
- T-Spine - w/o 72146
- L-Spine - w/o 72148
- L-Spine - w/wo 72158
- Pelvis (Bony) 72195
- Pituitary - w/wo 70553
- Orbits - w/wo70543
- Liver 74183
- MRCP 74181
- Renal Arteries 74175
- Neck (Soft Tissue)
w/wo - 70543

LEFT RIGHT BILATERAL

- Shoulder 73221
- Knee 73721
- Hand/Finger 73218
- Non joint-lower 73718
- Non joint-upper 73218
- Elbow 73221
- Wrist 73221
- Hip 73721
- Foot 73718
- Ankle 73721

DX CODE: _____

MRA

- Carotids - w/wo 70549
- Head-Circle of Willis - w/o 70544

CT

(ORAL & IV IF INDICATED)*

- Brain -w/o 70450
- Brain - w/wo 70470
- Chest - w/o 71250
- Chest - w 71260
- Chest PE Protocol & IV 71275
- Abdomen* - w 74160
- Abdomen/Pelvis w 74177
- Abdomen/Pelvis w/o 74176
- Urinary Tract (No Contrast) 74176
- C-Spine 72125
- T-Spine 72128
- L-Spine 72131
- Sinuses 70486
- Orbits 70480
- Facial Bones 70486
- Neck (Soft Tissue) w/ 70491
- Pelvis Only* - w/o 72192
- Extremity w/Reconstruction - upper 73200
- Extremity w/Reconstruction - lower 73700

DX CODE: _____

ULTRASOUND

- Abdomen* 76700
- Gallbladder* 76705
- Abdomen Aorta* 76705
- Liver* 76705
- Carotid Doppler 93880
- Testicular 76870
- Thyroid 76536
- Kidney 76770
- Elastography 91200
- Liver 76705
- Pelvic 76856
- Transvaginal TA/TV 76830
- Extremity Non Vascular 76882
- Doppler Lower
- Unilateral 93971
or
- Bilateral 93970

XRAY

CHEST

- PA & Lateral 71020
- Ribs-uni 71100
- Sternum 71120

ABDOMEN

- Flat/Upright 74020
- KUB 74000
- PELVIS**
- AP 72170

LEFT RIGHT BILATERAL

- | | |
|---|---|
| <input type="checkbox"/> Shoulder 73030 | <input type="checkbox"/> Femur 73550 |
| <input type="checkbox"/> Humerus 73060 | <input type="checkbox"/> Knee 73560 |
| <input type="checkbox"/> Forearm 73090 | <input type="checkbox"/> Tibia/Fibula 73590 |
| <input type="checkbox"/> Elbow 73070 | <input type="checkbox"/> Ankle 73610 |
| <input type="checkbox"/> Wrist 73110 | <input type="checkbox"/> Foot 73630 |
| <input type="checkbox"/> Hand 73130 | <input type="checkbox"/> Toe 73660 |
| <input type="checkbox"/> Finger 73140 | <input type="checkbox"/> Clavicle 73000 |
| | <input type="checkbox"/> Hip 73510 |

HEAD

- Skull 70250
- Facial Bones 70150
- Mandible 70100
- Sinuses 70220
- Waters View 70140

SPINE

- Cervical
- AP/Lat 72040
- 3 views 72040
- Flex & Ext. 72040
- Lumbar
- AP/Lat 72100
- 5 views 72110
- Flex & Ext. 72120
- Thoracic
- AP/Lat 72070
- Sacrum/Coccyx 72200

DX CODE: _____

Other / Special Instruction: _____

*Exams that require special preparation.