RadiologyAssist

Schedule By Phone
855-346-5152

Schedule Online
RadiologyAssist.com

Fax Number
855-345-5222

CT IMAGING ORDER FORM

Patient Information

Patient Name		DOB	
Phone	Email		
Address	City	State	Zip

Provider Information

Provider Name		NPI	
Office Name			
Office Address	City	State	Zip
Office Phone	Fax		

CT

Abdomen ☐ w/o (74150) ☐ w/ (74160) ☐ w/ & w/o (74170)
Abdomen & Pelvis ☐ w/o (74176) ☐ w/ (74177) ☐ w/ & w/o (74178)
Brain/Head ☐ w/o (70450) ☐ w/ (70460) ☐ w/ & w/o (70470)
Calcium Score ☐ w/ & w/o (75571)
Chest ☐ w/o (71250) ☐ w/ (72160) ☐ w/ & w/o (71270)
Cervical Spine ☐ w/o (72125) ☐ w/ (72126) ☐ w/ & w/o (72127)
Lower Extremity ☐ R ☐ L ☐ w/o (73700) ☐ w/ (73701) ☐ w/ & w/o (73702)
☐ Ankle ☐ Hip ☐ Knee ☐ Foot ☐ Lower Leg ☐ Thigh
Lumbar Spine ☐ w/o (72131) ☐ w/ (72132) ☐ w/ & w/o (72133)
Maxillofacial/Sinus ☐ w/o (70486) ☐ w/ (70487) ☐ w/ & w/o (70488)
Pelvis ☐ w/o (72192) ☐ w/ (72193) ☐ w/ & w/o (72194)
Neck ☐ w/o (70490) ☐ w/ (70491) ☐ w/ & w/o (70492)
Orbits/Sella/IACs ☐ w/o (70480) ☐ w/ (70481) ☐ w/ & w/o (70482)
Thoracic Spine ☐ w/o (72128) ☐ w/ (72129) ☐ w/ & w/o (72130)
Upper Extremity ☐ R ☐ L ☐ w/o (73200) ☐ w/ (73201) ☐ w/ & w/o (73202)
☐ Elbow ☐ Shoulder ☐ Wrist ☐ Hand ☐ Upper Arm ☐ Forearm
☐ **Lung Cancer Screening (G0297)**
Other : _____

CT Angiogram

☐ **Abdomen** (74175)
☐ **Abdomen & Pelvis** (74174)
☐ **Head/Brain** (70496)
☐ **Carotids** (70498)
☐ **Chest** (71275)
☐ **Heart/Coronaries** (75574)
☐ **Lower Extremity** (73706) ☐ R ☐ L
☐ Ankle ☐ Hip ☐ Knee ☐ Foot ☐ Lower Leg ☐ Thigh
☐ **Pelvis** (72191)
☐ **Pulmonary** (75572)
☐ **Run-Offs** (75635)
☐ **Upper Extremity** (73206) ☐ R ☐ L
☐ Elbow ☐ Shoulder ☐ Wrist ☐ Hand ☐ Upper Arm ☐ Forearm
Other : _____

Special Instructions:

Diagnosis/Indications:	ICD-10 Codes:

Physician Signature : _____ Date : _____