

# THE UNITED HOSPITAL CENTER

327 MEDICAL PARK DR. • BRIDGEPORT, WV 26330

## DIAGNOSTIC AND CARDIOVASCULAR SERVICES REQUISITION (CT, MRI, NM, PET, US, CVS)

PHONE: 681-342-1300 FAX: 681-342-1385

|                                     |            |    |  |                   |
|-------------------------------------|------------|----|--|-------------------|
| NAME: LAST                          | FIRST      | MI | DATE OF SERVICE:   | APPOINTMENT TIME: |
| D.O.B.                              | PHONE (H): |    | <b>PATIENT INFORMATION:</b><br>Remember to bring this form with you to your appointment.<br>Please arrive 30 minutes prior to scheduled appointment time.<br>Please follow all preparation instructions from your physician.<br>If you are allergic to iodine or x-ray dye, please call your physician for additional instructions.<br>For your safety, we ask that you please bring a list of all medications you are currently taking.<br>If you cannot keep your scheduled appointment, please call 681-342-1300 to reschedule at least 48 hours in advance.<br>Specific procedure information is available at <a href="http://www.uhcwv.org">www.uhcwv.org</a> |                   |
| REQUESTING PHYSICIAN                | PHONE (W): |    |  |                   |
| PRE-AUTHORIZATION # / CONTACT INFO: |            |    |  |                   |
| REASON FOR PROCEDURE(S):            |            |    |  |                   |

**For Contrast-Enhanced Exams:**

- Is patient 60 or older? Y / N; Diabetic? Y / N; CHF? Y / N; Renal Disease? Y / N; If YES to any of these, please have BUN/Creatinine drawn within 6 days of procedure.
- Results: BUN \_\_\_\_\_ Creatinine \_\_\_\_\_ eGFR \_\_\_\_\_ Date Drawn: \_\_\_\_\_
- History of contrast media/iodine/betadine allergy: YES \_\_\_\_\_ NO \_\_\_\_\_ If YES: Select non-contrast procedure OR pre-treat with Medrol 32mg, 12 hours prior to procedure, then again at 2 hours prior to scheduled procedure time. If scheduled after noon, give additional 16mg, 1 hour before procedure.
- NOTICE:** If patient taking metformin-containing medication: Hold for minimum 48 hours post-contrast. Consider verifying renal function before re-starting.
- Please attach list of current patient medications (for medication reconciliation).

**FOR IN-PATIENTS:**

|            |       |         |  |
|------------|-------|---------|--|
| Account #: | MR #: | Room #: | Priority (circle): ROUTINE ASAP STAT TIMED |
|------------|-------|---------|--|

|   |   |  |  |
|---|---|--|--|
| <p><b>CT SCAN</b></p> <input type="checkbox"/> 74178 CT AAA ENDOGRAFT PROTOCOL (A/P W/WO CON) | <input type="checkbox"/> 73221 MRI ANY JOINT UP EXT WO CON (INDICATE JOINT AND SIDE)        | <input type="checkbox"/> 78472 GATED WALL MOTION RST OR STRES  | <input type="checkbox"/> 76805 FETAL AFTER 1ST TRIMESTER COMPLETE                |
| <input type="checkbox"/> 74178 CT ABDOMEN/PELVIS W/CONTRAST                                   | <input type="checkbox"/> 70553 MRI BRAIN W/WO CON   | <input type="checkbox"/> 78227 HEPATOBIILIARY SCAN W/GB (HIDA) W/EF  | <input type="checkbox"/> 76816 FETAL FU OR REPEAT                                |
| <input type="checkbox"/> 74178 CT ABDOMEN/PELVIS W/O CONTRAST                                 | <input type="checkbox"/> 70551 MRI BRAIN WO CON   | <input type="checkbox"/> 78226 HEPATOBIILIARY SCAN (HIDA) NO EF  | <input type="checkbox"/> 76815 PELVIS FETAL LTD                                  |
| <input type="checkbox"/> 74176 CT ABDOMEN/PELVIS WO CONTRAST                                  | <input type="checkbox"/> C8908/77059 MRI BREAST BILATERAL W/WO CONTRAST                     | <input type="checkbox"/> 78206 LIVER IMG SPECT W/FLOW  | <input type="checkbox"/> 76856/76830 PELVIS NON-OB COMPLETE; EV AS NEEDED        |
| <input type="checkbox"/> 74175 CT ANGIO ABDOMEN   | <input type="checkbox"/> C8905/77058 MRI BREAST UNILATERAL W/WO CONTRAST (INDICATE SIDE)    | <input type="checkbox"/> 78215 LIVER/SPLEEN SCAN   | <input type="checkbox"/> 76857 PELVIS NON-OB LTD                                 |
| <input type="checkbox"/> 75635 CT ANGIO AORTA W/ LOWER EXTREMITY RUN-OFF                      | <input type="checkbox"/> 72141 MRI CERVICAL SPINE WO CON                                    | <input type="checkbox"/> 78290 MECKELS SCAN  | <input type="checkbox"/> 93880 CAROTID BILATERAL                                 |
| <input type="checkbox"/> 73706/73206 CT ANGIO EXTREMITY (SELECT) LOWER/UPPER                  | <input type="checkbox"/> 73720 MRI LOW EXT EXCL JTS W/WO CON (INDICATE EXTREMITY AND SIDE)  | <input type="checkbox"/> 78452 MYOCARDIAL PERFUSION SPECT STRESS AND REST  | <input type="checkbox"/> 93882 CAROTID LIMITED OR UNILATERAL (CIRCLE) LEFT RIGHT |
| <input type="checkbox"/> 70496/70498 CT ANGIO HEAD AND NECK                                   | <input type="checkbox"/> 73718 MRI LOW EXT EXCL JTS WO CON (INDICATE EXTREMITY AND SIDE)    | <input type="checkbox"/> 78070/78803 PARATHYROID W SPECT   | <input type="checkbox"/> 93970 VENOUS COMPLETE BILAT (CIRCLE) ARMS LEGS          |
| <input type="checkbox"/> 75574 CT CARDIAC CORONARY ARTERIES W CONTRAST                        | <input type="checkbox"/> 72158 MRI LUMBAR SPINE W/WO CON                                    | <input type="checkbox"/> 78707 RENAL SCAN FUNCTION/FLOW  | <input type="checkbox"/> 93971 VENOUS LIMITED OR UNI (CIRCLE) ARMS LEGS          |
| <input type="checkbox"/> 72125 CT CERVICAL SPINE WO CON                                       | <input type="checkbox"/> 72148 MRI LUMBAR SPINE WO  | <input type="checkbox"/> 78709 RENOGAM MULTIPLE W/WO PHARM   | <input type="checkbox"/> 93923 EXTREMITY ARTERIES (CIRCLE) ARMS LEGS             |
| <input type="checkbox"/> 70470 CT HEAD W/WO CONTRAST  | <input type="checkbox"/> 70543 MRI ORBIT FACE NECK W/WO CON                                 | <input type="checkbox"/> 78195/78803 SENTINEL LYMPH NODE/LYMPHATICS IMAGING W SPECT  | <b>CARDIOVASCULAR - CATH LAB/SPECIAL PROCEDURES</b>                              |
| <input type="checkbox"/> 70450 CT HEAD WO CONTRAST  | <input type="checkbox"/> 72197 MRI PELVIS W/WO CON  | <input type="checkbox"/> 78006 THYROID SCAN WITH UPTAKE  | <input type="checkbox"/> LEFT HEART CATH W POSSIBLE PCI                          |
| <input type="checkbox"/> 73700 CT LOWER EXTREMITY WO CON                                      | <input type="checkbox"/> 72195 MRI PELVIS WO CON  | <b>PET/CT</b>  | <input type="checkbox"/> LEFT HEART CATH   |
| <input type="checkbox"/> 72131 CT LUMBAR SPINE WO CON   | <input type="checkbox"/> 72146 MRI THORACIC SPINE WO CON                                    | <input type="checkbox"/> 78815 PET/CT SKULL BASE MID THIGH   | <input type="checkbox"/> RIGHT & LEFT HEART CATH                                 |
| <input type="checkbox"/> 70486 CT MAXILLOFACIAL AREA WO CONTRAST                              | <input type="checkbox"/> 70336 MRI TM JOINT(S)  | <input type="checkbox"/> 78816 PET/CT WHOLE BODY (FOR MELANOMA)  | <input type="checkbox"/> PCI   |
| <input type="checkbox"/> 70488 CT MAXILLOFACIAL W/WO CON                                      | <input type="checkbox"/> 73218 MRI UP EXTR EXCL JTS WO CON (INDICATE EXTREMITY AND SIDE)    | <input type="checkbox"/> 78608 PET/CT BRAIN W/O CONTRAST   | <input type="checkbox"/> PACEMAKER   |
| <input type="checkbox"/> 64483 CT NERVE ROOT INJECTION LUMB/SACRAL LVL                        | <input type="checkbox"/> C8901 MRA ABDOMEN WO CONTRAST                                      | <b>ULTRASOUND/ECHO</b>   | <input type="checkbox"/> ICD   |
| <input type="checkbox"/> 70481 CT ORBIT/SELLA/IAC P FOSSA W CON                               | <input type="checkbox"/> C8902 MRA ABDOMEN W/WO CONTRAST                                    | <input type="checkbox"/> 93306 2D ECHO COMPLETE W/DOPPLER  | <input type="checkbox"/> GENERATOR REPLACEMENT                                   |
| <input type="checkbox"/> 70480 CT ORBIT/SELLA/IAC P FOSSA WO CON                              | <input type="checkbox"/> 70544 MRA HEAD WO CON  | <input type="checkbox"/> 93307 2D ECHO COMPLETE W/O DOPPLER  | <input type="checkbox"/> BI-V PACER/ICD  |
| <input type="checkbox"/> 72193 CT PELVIS W CON  | <input type="checkbox"/> 73725 MRA LOWER EXT W OR WO CONTRAST (INDICATE EXTREMITY AND SIDE) | <input type="checkbox"/> 93312 TRANSESOPHAGEAL ECHO (TEE)  | <input type="checkbox"/> ANGIOGRAPHY, VISCERAL                                   |
| <input type="checkbox"/> 70491 CT SOFT TISSUE NECK W CON                                      | <input type="checkbox"/> 70549 MRA NECK W/WO CON  | <input type="checkbox"/> 76700 ABDOMEN COMPLETE  | <input type="checkbox"/> ANGIOGRAPHY, CAROTID/CEREBRAL                           |
| <input type="checkbox"/> 70492 CT SOFT TISSUE NECK W/WO CON                                   | <input type="checkbox"/> 70547 MRA NECK WO CON  | <input type="checkbox"/> 76705 ABDOMEN LIMITED   | <input type="checkbox"/> ANGIOGRAPHY, THORACIC                                   |
| <input type="checkbox"/> 72128 CT THORACIC SPINE WO CON                                       | <input type="checkbox"/> C8920 MRA PELVIS W/WO CON  | <input type="checkbox"/> 19103 BREAST BIOPSY MAMMOTOME (SPECIFY SIDE)  | <input type="checkbox"/> ANGIOGRAPHY, UPPER EXTREMITY                            |
| <input type="checkbox"/> 71260 CT THORAX W CON  | <input type="checkbox"/> 73225 MRA UPPER EXT W OR WO CONTRAST (INDICATE EXTREMITY AND SIDE) | <input type="checkbox"/> 76882 EXTREMITY NON VASCULAR LTD  | <input type="checkbox"/> ANGIOGRAPHY, LOWER EXTREMITY                            |
| <input type="checkbox"/> 71250 CT THORAX WO CON   | <b>NUCLEAR IMAGING</b>  | <input type="checkbox"/> 76770 KIDNEY AORTA ADRENAL COMPLETE   | <input type="checkbox"/> ANGIOGRAPHY, RENAL                                      |
| <input type="checkbox"/> 73200 CT UPPER EXTREMITY WO CON                                      | <input type="checkbox"/> 78805 ABSCESS LOC LIMITED (SPECIFY SITE)                           | <input type="checkbox"/> 49083 PARACENTESIS US GUIDANCE  | <input type="checkbox"/> ANGIOGRAPHY, AV SHUNT/FISTULAGRAM                       |
| <input type="checkbox"/> 71250 CT LOW DOSE LUNG SCREENING                                     | <input type="checkbox"/> 78807 ABSCESS LOC SPECT (SPECIFY SITE)                             | <input type="checkbox"/> 76870 TESTICULAR/SCROTUM AND CONTENT  | <input type="checkbox"/> NEPHROSTOGRAM   |
| <b>MRI/MRA</b>  | <input type="checkbox"/> 78300 BONE SCAN LIMITED AREA (SPECIFY SITE)                        | <input type="checkbox"/> 76642 ULTRASOUND LIMITED BREAST   | <input type="checkbox"/> NEPHROSTOMY, PERCUTANEOUS                               |
| <input type="checkbox"/> 74183 MRI ABDOMEN W/WO CON   | <input type="checkbox"/> 78315 BONE SCAN THREE PHASE (SPECIFY SITE)                         | <input type="checkbox"/> 76641 ULTRASOUND BREAST COMPLETE  | <input type="checkbox"/> NEPHROSTOMY TUBE CHANGE                                 |
| <input type="checkbox"/> 74181 MRI ABDOMEN WO CON   | <input type="checkbox"/> 78306 BONE SCAN TOTAL BODY   | <input type="checkbox"/> 32421 THORACENTESIS US GUIDANCE (SPECIFY SIDE) <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT | <b>CHEMISTRY</b>   |
| <input type="checkbox"/> 73723 MRI ANY JOINT LOW EXT W/WO CON (INDICATE JOINT AND SIDE)       | <input type="checkbox"/> 78320 BONE/JOINT SPECT (SPECIFY SITE)                              | <input type="checkbox"/> 60300/60100 THYROID CYST ASPIRATION/NEEDLE BX   | <input type="checkbox"/> 84520 BUN   |
| <input type="checkbox"/> 73721 MRI ANY JOINT LOW EXT WO CON (INDICATE JOINT AND SIDE)         | <input type="checkbox"/> 78264 GASTRIC EMPTYING STUDY                                       | <input type="checkbox"/> 76536 THYROID/SOFT TISSUE NECK  | <input type="checkbox"/> 82565 CREATININE  |
| <input type="checkbox"/> 73721 MRI ANY JOINT LOW EXT WO CON (INDICATE JOINT AND SIDE)         |   | <input type="checkbox"/> 76819 BIOPHYSICAL PROFILE   |  |
|   |   | <input type="checkbox"/> 76801/76817 FETAL 1ST TRIMESTER COMPLETE; EV AS NEEDED  |  |

OTHER PROCEDURES NOT LISTED ABOVE

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_