

THE UNITED HOSPITAL CENTER

327 MEDICAL PARK DR. • BRIDGEPORT, WV 26330

DIAGNOSTIC AND CARDIOVASCULAR SERVICES REQUISITION (XRAY, MAMMO, CP, NEURO, SLEEP)
 PHONE: 681-342-1300 FAX: 681-342-1385

UHC CLARKSBURG CLINIC POB MEDPOINTE SALEM SHINNSTON

NAME:	LAST	FIRST	MI	DATE OF SERVICE:	APPOINTMENT TIME:
D.O.B.:	PHONE (H):			PATIENT INFORMATION: Remember to bring this form with you to your appointment. Please arrive 30 minutes prior to scheduled appointment time. Please follow all preparation instructions from your physician. If you are allergic to iodine or x-ray dye, please call your physician for additional instructions. For your safety, we ask that you please bring a list of all medications you are currently taking. If you cannot keep your scheduled appointment, please call 681-342-1300 to reschedule at least 48 hours in advance. Specific procedure information is available at www.uhcwv.org	
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 _____
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|---|---|--|--|
| <p>RADIOLOGY</p> <input type="checkbox"/> 74010 ABD AP / ADDL OBLIQ/CONE VIEW
<input type="checkbox"/> 74022 ABD SERIES W/SINGLE VIEW CHEST
<input type="checkbox"/> 74020 ABD SUPINE & UPRIGHT
<input type="checkbox"/> 74000 ABDOMEN AP (KUB)
<input type="checkbox"/> 73600 ANKLE 2 VIEWS (INDICATE SIDE)
<input type="checkbox"/> 73610 ANKLE COMPLETE (INDICATE SIDE)
<input type="checkbox"/> 74270 BARIUM ENEMA
<input type="checkbox"/> 74280 BARIUM ENEMA W AIR
<input type="checkbox"/> 91110 CAPSULE ENDOSCOPY
<input type="checkbox"/> 71010 CHEST 1 VIEW
<input type="checkbox"/> 71020 CHEST 2 VIEWS PA AND LAT
<input type="checkbox"/> 71020 CHEST INSPIRATION + EXPIRATION
<input type="checkbox"/> 71022 CHEST PA LAT W OBLIQUES
<input type="checkbox"/> 71035 CHEST SPECIAL VIEWS (DECUB)
<input type="checkbox"/> 71021 CHEST WITH APICAL LORDOTIC
<input type="checkbox"/> 73000 CLAVICLE (INDICATE SIDE)
<input type="checkbox"/> 73070 ELBOW 2 VIEWS (INDICATE SIDE)
<input type="checkbox"/> 73080 ELBOW COMPLETE (INDICATE SIDE)
<input type="checkbox"/> 74220 ESOPHAGRAM BA SWALLOW
<input type="checkbox"/> 74220/74241 ESOPHAGRAM/UGI SINGLE
<input type="checkbox"/> 74220/74245 ESOPHAGRAM/UGI SM BOWEL SINGLE
<input type="checkbox"/> 74220/74249 ESOPHAGRAM/UGI SM BOWEL W/AIR
<input type="checkbox"/> 74220/74247 ESOPHAGRAM/UGI W/AIR CONTRAST
<input type="checkbox"/> 70030 PRE MRI ORBITS
<input type="checkbox"/> 70150 FACIAL BONES COMPLETE
<input type="checkbox"/> 73550 FEMUR 2 VIEWS (INDICATE SIDE)
<input type="checkbox"/> 73140 FINGER (INDICATE SIDE/SPECIFY DIGIT)
<input type="checkbox"/> 73620 FOOT 2 VIEWS (INDICATE SIDE)
<input type="checkbox"/> 73630 FOOT COMPLETE (INDICATE SIDE)
<input type="checkbox"/> 73090 FOREARM 2 VIEWS (INDICATE SIDE)
<input type="checkbox"/> 73130 HAND COMPLETE (INDICATE SIDE)
<input type="checkbox"/> 73510 HIP 2 VIEWS UNILATERAL (INDICATE SIDE) | <input type="checkbox"/> 73520 HIP BILATERAL W/AP PELVIS
<input type="checkbox"/> 73500 HIP ORTHOPEDIC SURGEON SINGLE (INDICATE SIDE)
<input type="checkbox"/> 73500 HIP SINGLE VIEW (INDICATE SIDE)
<input type="checkbox"/> 73060 HUMERUS (INDICATE SIDE)
<input type="checkbox"/> 74410 INTRAVENOUS PYELOGRAM (IVP)
<input type="checkbox"/> 74415 IVP W TOMOGRAPHY
<input type="checkbox"/> 73560 KNEE 1-2 VIEWS (INDICATE SIDE)
<input type="checkbox"/> 73562 KNEE 3 VIEWS (INDICATE SIDE)
<input type="checkbox"/> 73564 KNEE 4 OR MORE VIEWS (INDICATE SIDE)
<input type="checkbox"/> 73565 KNEE BILATERAL AP STANDING
<input type="checkbox"/> 73592 LOWER EXTREMITY INFANT (INDICATE SIDE)
<input type="checkbox"/> 70110 MANDIBLE MIN 4 VIEWS
<input type="checkbox"/> 74220 MOD BA SWALLOW/SPEECH THERAPY
<input type="checkbox"/> 72240 MYELOGRAM CERVICAL
ADD <input type="checkbox"/> 72125 CT C-SPINE W/O
<input type="checkbox"/> 72265 MYELOGRAM LUMBOSACRAL
ADD <input type="checkbox"/> 72131 CT L SPINE W/O
<input type="checkbox"/> 72255 MYELOGRAM THORACIC
ADD <input type="checkbox"/> 72128 CT T-SPINE W/O
<input type="checkbox"/> 72270 MYELOGRAM; 2 OR MORE REGIONS (SPECIFY)
<input type="checkbox"/> 70160 NASAL BONE COMPLETE
<input type="checkbox"/> 70360 NECK SOFT TISSUE
<input type="checkbox"/> 70200 ORBITS COMPLETE
<input type="checkbox"/> 72170 PELVIS 1-2 VIEWS
<input type="checkbox"/> 72190 PELVIS 3 OR MORE VIEWS
<input type="checkbox"/> 73540 PELVIS AND HIPS (PEDIATRICS)
<input type="checkbox"/> 74420 RETROGRADE PYLEOGRAM
<input type="checkbox"/> 74450 RETROGRADE URETHROGRAM
<input type="checkbox"/> 71111 RIBS BILATERAL INCL PA CHEST
<input type="checkbox"/> 71101 RIBS UNILATERAL INC PA CHEST
<input type="checkbox"/> 72220 SACRUM AND COCCYX
<input type="checkbox"/> 73010 SCAPULA (INDICATE SIDE) | <input type="checkbox"/> 72089 SCOLIOSIS STUDY (EXPRESS TEST AND POB ONLY)
<input type="checkbox"/> 73030 SHOULDER COMPLETE (INDICATE SIDE)
<input type="checkbox"/> 70210 SINUSES < 3 VIEWS
<input type="checkbox"/> 70260 SKULL COMPLETE
<input type="checkbox"/> 74250 SMALL BOWEL SERIES
<input type="checkbox"/> 62270 SPINAL PUNCTURE LUMBAR
<input type="checkbox"/> 72040 SPINE CERVICAL 2-3 VIEWS
<input type="checkbox"/> 72050 SPINE CERVICAL MIN 4 VIEWS
<input type="checkbox"/> 72052 SPINE CERVICAL W/FLEX AND EXT
<input type="checkbox"/> 72110 SPINE LUMBOSAC 4 OR MORE VIEWS
<input type="checkbox"/> 72100 SPINE LUMBOSACRAL 2-3 VIEWS
<input type="checkbox"/> 72114 SPINE LUMBOSACRAL W/BEND
<input type="checkbox"/> 72020 SPINE SINGLE VIEW (SPECIFY LEVEL)
<input type="checkbox"/> 72072 SPINE THORACIC 3 VIEWS
<input type="checkbox"/> 72074 SPINE THORACIC 4 OR MORE VIEWS
<input type="checkbox"/> 71130 STERNOCLAVICULAR JOINTS
<input type="checkbox"/> 77071 STRESS VIEW ANY JOINT (SPECIFY JOINT)
<input type="checkbox"/> 73590 TIBIA AND FIBULA 2 VIEWS (INDICATE SIDE)
<input type="checkbox"/> 73660 TOE OR TOES (INDICATE SIDE)
<input type="checkbox"/> 74245 UGI SM BOWEL SINGLE CON
<input type="checkbox"/> 74249 UGI SM BOWEL W/AIR CON
<input type="checkbox"/> 74241 UPPER GI W SINGLE CON
<input type="checkbox"/> 74247 UPPER GI W/AIR CON
<input type="checkbox"/> 74455 VOIDING CYSTOURETHROGRAM
<input type="checkbox"/> 73100 WRIST 2 VIEWS (INDICATE SIDE)
<input type="checkbox"/> 73110 WRIST COMPLETE (INDICATE SIDE) | <input type="checkbox"/> G0204 MAMMO DIGITAL DIAG BILATERAL WV CA PROGRAM
<input type="checkbox"/> G0206 MAMMO DIGITAL DIAG UNILAT WV CA PROGRAM (CIRCLE) LEFT RIGHT
<input type="checkbox"/> 77054 DUCTOGRAM
<input type="checkbox"/> 19103 MAMMOTOME BIOPSY BREAST
<input type="checkbox"/> 77031 STEREOTACTIC LOCALIZATION FOR NEEDLE PLACEMENT OR BIOPSY |
| | | <p>CARDIOPULMONARY</p> <input type="checkbox"/> 82803 ABG
<input type="checkbox"/> 93005 EKG
<input type="checkbox"/> 93236 HOLTER MONITOR
<input type="checkbox"/> 94760 INTERMIT PULSE OX
<input type="checkbox"/> 94080 PFT W/O BRONCHODILATOR W/ADDT'L TESTS AS NEEDED
<input type="checkbox"/> 93015 STRESS TEST (GXT) | <p>NEURO-DIAGNOSTICS</p> <input type="checkbox"/> 95816 EEG AWAKE/DROWSY W/HY/PH STIM
<input type="checkbox"/> 95822 EEG SLEEP ONLY |
| | | <p>SLEEP LAB</p> <input type="checkbox"/> 95805 MSLT
<input type="checkbox"/> 95810 SLEEP STAGING; NO CPAP*
<input type="checkbox"/> 95811 SLEEP STAGING W/CPAP*
*IF YOU ARE FOR A SLEEP STAGING STUDY AND THINK YOU MAY HAVE DIFFICULTY FALLING ASLEEP, PLEASE ASK YOUR SLEEP PHYSICIAN TO PRESCRIBE A SLEEP AID THAT YOU CAN BRING WITH YOU ON THE NIGHT OF YOUR TEST. | <p>CHEMISTRY</p> <input type="checkbox"/> 84520 BUN
<input type="checkbox"/> 82565 CREATININE |
| | | <p>MAMMO / DEXA</p> <input type="checkbox"/> 77080 BONE DENSITY AXIAL SKELETON (DEXA)
<input type="checkbox"/> G0202 MAMMO DIGITAL SCREENING
<input type="checkbox"/> G0204 MAMMO DIGITAL DIAGNOSTIC BILATERAL
<input type="checkbox"/> G0206 MAMMO DIGITAL DIAGNOSTIC UNILAT (CIRCLE) LEFT RIGHT
<input type="checkbox"/> G0202 MAMMO DIGITAL SCREEN WV CA PROGRAM | |

OTHER PROCEDURES NOT LISTED ABOVE

Physician's Signature _____ Date _____