



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: 681-342-1725

Form with fields for NAME (LAST, FIRST, MI), DATE OF SERVICE, APPOINTMENT TIME, D.O.B., PHONE (H/W), REQUESTING PHYSICIAN, PRE-AUTHORIZATION # / CONTACT INFO, REASON FOR PROCEDURE(S), and PATIENT INFORMATION (Remember to bring this form with you to your appointment. Please arrive 20 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)

For Contrast-Enhanced Exams:
1. 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.
2. Results: BUN \_\_\_\_\_ Creatinine \_\_\_\_\_ eGFR \_\_\_\_\_ Date Drawn: \_\_\_\_\_
3. 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.
4. NOTICE: If patient taking metformin-containing medication: Hold for minimum 48 hours post-contrast. Consider verifying renal function before re-starting.
5. Please attach list of current patient medications (for medication reconciliation).

FOR IN-PATIENTS:
Account #: \_\_\_\_\_ MR #: \_\_\_\_\_ Room #: \_\_\_\_\_ Priority (circle): ROUTINE \_\_\_\_\_ ASAP \_\_\_\_\_ STAT \_\_\_\_\_ TIMED \_\_\_\_\_

CT SCAN
7321 MRI ANY JOINT LOW EXT WO CON (INDICATE JOINT AND SIDE)
73221 MRI ANY JOINT UP EXT WO CON (INDICATE JOINT AND SIDE)
70553 MRI BRAIN W/WO CON
70551 MRI BRAIN WO CON
C8908/77059 MRI BREAST BILATERAL W/WO CONTRAST
C8907/77059 MRI BREAST BILATERAL WO CONTRAST
C8905/77058 MRI BREAST UNILATERAL W/WO CONTRAST (INDICATE SIDE)
C8904/77058 MRI BREAST UNILATERAL WO CONTRAST (INDICATE SIDE)
72141 MRI CERVICAL SPINE WO CON
73720 MRI LOW EXT EXCL JTS W/WO CON (INDICATE EXTREMITY AND SIDE)
73718 MRI LOW EXT EXCL JTS WO CON (INDICATE EXTREMITY AND SIDE)
72158 MRI LUMBAR SPINE W/WO CON
72148 MRI LUMBAR SPINE WO
70543 MRI ORBIT FACE NECK W/WO CON
72197 MRI PELVIS W/WO CON
72195 MRI PELVIS WO CON
72146 MRI THORACIC SPINE WO CON
70336 MRI TM JOINT(S)
73218 MRI UP EXTR EXCL JTS WO CON (INDICATE EXTREMITY AND SIDE)
C8901 MRA ABDOMEN WO CONTRAST
C8902 MRA ABDOMEN W/WO CONTRAST
70544 MRA HEAD WO CON
73725 MRA LOWER EXT W OR WO CONTRAST (INDICATE EXTREMITY AND SIDE)
70549 MRA NECK W/WO CON
70547 MRA NECK WO CON
C8920 MRA PELVIS W/WO CON
73225 MRA UPPER EXT W OR WO CONTRAST (INDICATE EXTREMITY AND SIDE)
NUCLEAR IMAGING
78805 ABSCESS LOC LIMITED (SPECIFY SITE)
78807 ABSCESS LOC SPECT (SPECIFY SITE)
78300 BONE SCAN LIMITED AREA (SPECIFY SITE)
78315 BONE SCAN THREE PHASE (SPECIFY SITE)
78306 BONE SCAN TOTAL BODY
78320 BONE/JOINT SPECT (SPECIFY SITE)
78264 GASTRIC EMPTYING STUDY
78472 GATED WALL MOTION RST OR STRES
78227 HEPATOBILIARY SCAN W/GB (HIDA) W/EF
78226 HEPATOBILIARY SCAN (HIDA) NO EF
78206 LIVER IMG SPECT W/FLOW
78215 LIVER/SPLEEN SCAN
78290 MECKELS SCAN
78452 MYOCARDIAL PERFUSION SPECT ADENOSINE
78452 MYOCARDIAL PERFUSION SPECT STRESS AND REST
78070/78803 PARATHYROID W SPECT
78707 RENAL SCAN FUNCTION/FLOW
78709 RENOGGRAM MULTIPLE W/WO PHARM
78195/78803 SENTINEL LYMPH NODE/LYMPHATICS IMAGING W SPECT
78006 THYROID SCAN WITH UPTAKE
PET/CT
78815 PET/CT SKULL BASE MID THIGH
78816 PET/CT WHOLE BODY (FOR MELANOMA)
ULTRASOUND/ECHO
93306 2D ECHO COMPLETE W/DOPPLER
93307 2D ECHO COMPLETE W/O DOPPLER
93312 TRANSESOPHAGEAL ECHO (TEE)
76700 ABDOMEN COMPLETE
76705 ABDOMEN LIMITED
19103 BREAST BIOPSY MAMMOTOME (SPECIFY SIDE)
76882 EXTREMITY NON VASCULAR LTD
76770 KIDNEY AORTA ADRENAL COMPLETE
49083 PARACENTESIS US GUIDANCE
76870 TESTICULAR/SCROTUM AND CONTENT
76642 ULTRASOUND LIMITED BREAST
76641 ULTRASOUND BREAST COMPLETE
32421 THORACENTESIS US GUIDANCE (SPECIFY SIDE)
60300/60100 THYROID CYST ASPIRATION/NEEDLE BX
76536 THYROID/SOFT TISSUE NECK
76819 BIOPHYSICAL PROFILE
76801/76817 FETAL 1ST TRIMESTER COMPLETE; EV AS NEEDED
76805 FETAL AFTER 1ST TRIMESTER COMPLETE
76816 FETAL FU OR REPEAT
76815 PELVIS FETAL LTD
76856/76830 PELVIS NON-OB COMPLETE; EV AS NEEDED
76857 PELVIS NON-OB LTD
93880 CAROTID BILATERAL
93882 CAROTID LIMITED OR UNILATERAL (CIRCLE) LEFT RIGHT
93970 VENOUS COMPLETE BILAT (CIRCLE) ARMS LEGS
93971 VENOUS LIMITED OR UNI (CIRCLE) ARMS LEGS
93923 EXTREMITY ARTERIES (CIRCLE) ARMS LEGS
CARDIOVASCULAR - CATH LAB/SPECIAL PROCEDURES
LEFT HEART CATH W POSSIBLE PCI
LEFT HEART CATH
RIGHT & LEFT HEART CATH
PCI
PACEMAKER
ICD
GENERATOR REPLACEMENT
BI-V PACER/ICD
ANGIOGRAPHY, VISCERAL
ANGIOGRAPHY, CAROTID/CEREBRAL
ANGIOGRAPHY, THORACIC
ANGIOGRAPHY, UPPER EXTREMITY
ANGIOGRAPHY, LOWER EXTREMITY
ANGIOGRAPHY, RENAL
ANGIOGRAPHY, AV SHUNT/FISTULAGRAM
NEPHROSTOGRAM
NEPHROSTOMY, PERCUTANEOUS
NEPHROSTOMY TUBE CHANGE
CHEMISTRY
84520 BUN
82565 CREATININE

OTHER PROCEDURES NOT LISTED ABOVE

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