WVUMedicine

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: 681-342-1725

☐ UHC ☐ CLARKSBURG CLINIC ☐ POB ☐ MEDPOINTE ☐ SALEM ☐ SHINNSTON

LAST FIRST MI NAME:	DATE OF SERVICE:	APPOINTMENT TIME:
D.O B.	PHONE (H):	
REQUESTING PHYSICIAN	PHONE (W):	
PRE-AUTHORIZATION # / CONTACT INFO :		
REASON FOR PROCEDURE(S):		

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): R ☐ NE ☐ ☐ TIMED ☐

RADIOLOGY

- ☐ 74010 ABD AP / ADDL OBLIQ/CONE VIEW
- ☐ 74022 ABD SERIES W/SINGLE VIEW CHEST
- ☐ 74020 ABD SUPINE & UPRIGHT
- ☐ 74000 ABDOMEN AP (KUB)
- ☐ 73600 ANKLE 2 VIEWS (INDICATE SIDE)
- ☐ 73610 ANKLE COMPLETE (INDICATE SIDE)
- ☐ 74270 BARIUM ENEMA
- ☐ 74280 BARIUM ENEMA W AIR
- ☐ 91110 CAPSULE ENDOSCOPY
- ☐ 71010 CHEST 1 VIEW
- ☐ 71020 CHEST 2 VIEWS PA AND LAT
- ☐ 71020 CHEST BLACK LUNG (MEDPOINTE/SHINNSTON/SALEM ONLY)
- ☐ 71020 CHEST INSPIRATION + EXPIRATION
- ☐ 71022 CHEST PA LAT W OBLIQUES
- ☐ 71035 CHEST SPECIAL VIEWS (DECUB)
- ☐ 71021 CHEST WITH APICAL LORDOTIC
- ☐ 73000 CLAVICLE (INDICATE SIDE)
- ☐ 73070 ELBOW 2 VIEWS (INDICATE SIDE)
- ☐ 73080 ELBOW COMPLETE (INDICATE SIDE)
- ☐ 74220 ESOPHAGRAM BA SWALLOW
- ☐ 74220/74241 ESOPHAGRAM/UGI SINGLE
- ☐ 74220/74245 ESOPHAGRAM/UGI SM BOWEL SINGLE
- ☐ 74220/74249 ESOPHAGRAM/UGI SM BOWEL W/AIR
- ☐ 74220/74247 ESOPHAGRAM/UGI W/AIR CONTRAST
- ☐ 70030 EYE (FOREIGN BODY) (INDICATE SIDE)
- ☐ 70150 FACIAL BONES COMPLETE
- ☐ 73550 FEMUR 2 VIEWS (INDICATE SIDE)
- ☐ 73140 FINGER (INDICATE SIDE/SPECIFY DIGIT)
- ☐ 73620 FOOT 2 VIEWS (INDICATE SIDE)
- ☐ 73630 FOOT COMPLETE (INDICATE SIDE)
- ☐ 73090 FOREARM 2 VIEWS (INDICATE SIDE)
- ☐ 73130 HAND COMPLETE (INDICATE SIDE)
- ☐ 73510 HIP 2 VIEWS UNILATERAL (INDICATE SIDE)
- ☐ 73520 HIP BILATERAL W/AP PELVIS
- ☐ 73500 HIP ORTHOPEDIC SURGEON SINGLE (INDICATE SIDE)
- ☐ 73500 HIP SINGLE VIEW (INDICATE SIDE)
- ☐ 73060 HUMERUS (INDICATE SIDE)
- ☐ 74410 INTRAVENOUS PYELOGRAM (IVP)
- ☐ 74415 IVP W TOMOGRAPHY
- ☐ 73560 KNEE 1-2 VIEWS (INDICATE SIDE)
- ☐ 73562 KNEE 3 VIEWS (INDICATE SIDE)
- ☐ 73564 KNEE 4 OR MORE VIEWS (INDICATE SIDE)
- ☐ 73565 KNEE BILATERAL AP STANDING
- ☐ 73592 LOWER EXTREMITY INFANT (INDICATE SIDE)
- ☐ 70110 MANDIBLE MIN 4 VIEWS
- ☐ 74220 MOD BA SWALLOW/SPEECH THERAPY
- ☐ 72240 MYELOGRAM CERVICAL ADD ☐ 72125 CT C-SPINE W/O
- ☐ 72265 MYELOGRAM LUMBOSACRAL ADD ☐ 72131 CT L SPINE W/O
- ☐ 72255 MYELOGRAM THORACIC ADD ☐ 72128 CT T-SPINE W/O
- ☐ 72270 MYELOGRAM; 2 OR MORE REGIONS (SPECIFY)
- ☐ 70160 NASAL BONE COMPLETE
- ☐ 70360 NECK SOFT TISSUE
- ☐ 70200 ORBITS COMPLETE
- ☐ 72170 PELVIS 1-2 VIEWS
- ☐ 72190 PELVIS 3 OR MORE VIEWS
- ☐ 73540 PELVIS AND HIPS (PEDIATRICS)
- ☐ 74420 RETROGRADE PYLEOGRAM
- ☐ 74450 RETROGRADE URETHRAGRAM
- ☐ 71111 RIBS BILATERAL INCL PA CHEST
- ☐ 71101 RIBS UNILATERAL INC PA CHEST
- ☐ 72220 SACRUM AND COCCYX
- ☐ 73010 SCAPULA (INDICATE SIDE)
- ☐ 72069 SCOLIOSIS STUDY (EXPRESS TEST AND POB ONLY)
- ☐ 73030 SHOULDER COMPLETE (INDICATE SIDE)
- ☐ 70210 SINUSES < 3 VIEWS
- ☐ 70260 SKULL COMPLETE
- ☐ 74250 SMALL BOWEL SERIES
- ☐ 62270 SPINAL PUNCTURE LUMBAR
- ☐ 72040 SPINE CERVICAL 2-3 VIEWS
- ☐ 72050 SPINE CERVICAL MIN 4 VIEWS
- ☐ 72052 SPINE CERVICAL W/FLEX AND EXT
- ☐ 72110 SPINE LUMBOSAC 4 OR MORE VIEWS
- ☐ 72100 SPINE LUMBOSACRAL 2-3 VIEWS
- ☐ 72114 SPINE LUMBOSACRAL W/BEND
- ☐ 72020 SPINE SINGLE VIEW (SPECIFY LEVEL)
- ☐ 72072 SPINE THORACIC 3 VIEWS
- ☐ 72074 SPINE THORACIC 4 OR MORE VIEWS
- ☐ 71130 STERNOCLAVICULAR JOINTS
- ☐ 77071 STRESS VIEW ANY JOINT (SPECIFY JOINT)
- ☐ 73590 TIBIA AND FIBULA 2 VIEWS (INDICATE SIDE)
- ☐ 73660 TOE OR TOES (INDICATE SIDE)
- ☐ 74245 UGI SM BOWEL SINGLE CON
- ☐ 74249 UGI SM BOWEL W/AIR CON
- ☐ 74241 UPPER GI W SINGLE CON
- ☐ 74247 UPPER GI W/AIR CON
- ☐ 74455 VOIDING CYSTOURETHRAGRAM
- ☐ 73100 WRIST 2 VIEWS (INDICATE SIDE)
- ☐ 73110 WRIST COMPLETE (INDICATE SIDE)

MAMMO / DEXA

- ☐ 77080 BONE DENSITY AXIAL SKELETON (DEXA)
- ☐ 77082 BONE DENSITY VERTEBRAL FRACTURE ASSESSMENT
- ☐ G0202 MAMMO DIGITAL SCREENING
- ☐ G0204 MAMMO DIGITAL DIAGNOSTIC BILATERAL
- ☐ G0206 MAMMO DIGITAL DIAGNOSTIC UNILAT (CIRCL ☐ LEFT RIGHT ☐
- ☐ G0202 MAMMO DIGITAL SCREEN WV CA PROGRAM
- ☐ G0204 MAMMO DIGITAL DIAG BILATERAL WV CA PROGRAM
- ☐ G0206 MAMMO DIGITAL DIAG UNILAT WV CA PROGRAM (CIRC ☐ LEFT RIGHT ☐
- ☐ 77054 DUCTOGRAM
- ☐ 19103 MAMMOTOME BIOPSY BREAST
- ☐ 77031 STEREOTACTIC LOCALIZATION FOR NEEDLE PLACEMENT OR BIOPSY

CARDIOPULMONARY

- ☐ 82803 ABG
- ☐ 93005 EKG
- ☐ 93236 HOLTER MONITOR
- ☐ 94760 INTERMIT PULSE OX
- ☐ 94060 PFT W/O BRONCHODILATOR W/ADDT'L TESTS AS NEEDED
- ☐ 93015 STRESS TEST (GXT)

NEURO-DIAGNOSTICS

- ☐ 95816 EEG AWAKE/DROWSY W/HY/PH STIM
- ☐ 95822 EEG SLEEP ONLY

SLEEP LAB

- ☐ 95805 MSLT
- ☐ 95810 SLEEP STAGING; NO CPAP*
- ☐ 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.*

CHEMISTRY

- ☐ 84520 BUN
- ☐ 82565 CREATININE

OTHER PROCEDURES NOT LISTED ABOVE

Physician's Signature_____ Date _____