



# Imaging Services Chiropractic Order Form

### Appointment Scheduling

Phone: 208-960-0720

Fax: 208-960-0725

**Today's Date:**

**Patient Information – All Fields Required**

<b>Patient Name:</b>	<b>Date of Birth:</b>	<b>Phone:</b>
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**Diagnosis/Symptoms:**

**Preauthorization #:**

**Ordering Provider Information – All Fields Required**

<b>Provider Name:</b>	<b>Provider Phone Number:</b>
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<b>Provider Signature:</b>	<b>Provider NPI:</b>
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<b>Hold patient and call report to:</b>	<b>Phone:</b>	<b>After-hours Phone:</b>
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**Contrast:**  Yes  Radiologist discretion **CREATININE:**  Saltzer to obtain (if needed) **Results:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Exam Selection** — Please check the appropriate box for the requested study and specify any additional exam details.

**Exam Special Instructions:**

<p><b>X-Ray</b></p> <p><input type="checkbox"/> Chest PA &amp; Lateral</p> <p><input type="checkbox"/> Ribs <input type="checkbox"/> Left <input type="checkbox"/> Right</p> <p><input type="checkbox"/> Cervical</p> <p><input type="checkbox"/> Thoracic</p> <p><input type="checkbox"/> Lumbar</p> <p><input type="checkbox"/> Sacrum/Coccyx</p> <p><input type="checkbox"/> Other _____</p> <p><b>X-Ray Upper Extremity:</b></p> <p><input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Bilateral</p> <p><input type="checkbox"/> Shoulder</p> <p><input type="checkbox"/> Humerus</p> <p><input type="checkbox"/> Elbow</p> <p><input type="checkbox"/> Forearm</p> <p><input type="checkbox"/> Wrist</p> <p><input type="checkbox"/> Hand</p> <p><input type="checkbox"/> Finger _____</p>	<p><b>X-Ray Lower Extremity</b></p> <p><input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Bilateral</p> <p><input type="checkbox"/> Hip</p> <p><input type="checkbox"/> Femur</p> <p><input type="checkbox"/> Knee</p> <p><input type="checkbox"/> Tib/Fib</p> <p><input type="checkbox"/> Ankle</p> <p><input type="checkbox"/> Foot</p> <p><input type="checkbox"/> Toe _____</p> <p><input type="checkbox"/> Other _____</p> <p><b>Fluoroscopy</b></p> <p><input type="checkbox"/> Lumbar Puncture</p> <p><input type="checkbox"/> Joint Injection _____</p> <p style="padding-left: 40px;"><input type="checkbox"/> Left <input type="checkbox"/> Right</p> <p>Other _____</p>	<p><b>CT</b></p> <p><input type="checkbox"/> <b>Contrast per radiologists' discretion</b></p> <p><input type="checkbox"/> Head/Brain</p> <p><input type="checkbox"/> C-Spine</p> <p><input type="checkbox"/> T-Spine</p> <p><input type="checkbox"/> L-Spine</p> <p><input type="checkbox"/> Upper Extremity _____</p> <p style="padding-left: 40px;"><input type="checkbox"/> Left <input type="checkbox"/> Right</p> <p><input type="checkbox"/> Lower Extremity _____</p> <p style="padding-left: 40px;"><input type="checkbox"/> Left <input type="checkbox"/> Right</p> <p><input type="checkbox"/> Other _____</p> <p><b>DEXA</b></p> <p><input type="checkbox"/> DEXA Axial</p> <p><input type="checkbox"/> DEXA Appendicular</p> <p><input type="checkbox"/> DEXA Full Body Composition</p>	<p><b>MRI</b></p> <p><input type="checkbox"/> <b>Contrast per radiologists' discretion</b></p> <p><input type="checkbox"/> Pelvis</p> <p><input type="checkbox"/> C-Spine</p> <p><input type="checkbox"/> T-Spine</p> <p><input type="checkbox"/> L-Spine</p> <p><input type="checkbox"/> Shoulder <input type="checkbox"/> Left <input type="checkbox"/> Right</p> <p><input type="checkbox"/> Knee <input type="checkbox"/> Left <input type="checkbox"/> Right</p> <p><input type="checkbox"/> Hip <input type="checkbox"/> Left <input type="checkbox"/> Right</p> <p><input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> MRI Arthrography</p> <p><input type="checkbox"/> Shoulder <input type="checkbox"/> Left <input type="checkbox"/> Right</p> <p><input type="checkbox"/> Hip <input type="checkbox"/> Left <input type="checkbox"/> Right</p> <p><input type="checkbox"/> Other Joint _____</p> <p style="padding-left: 40px;"><input type="checkbox"/> Left <input type="checkbox"/> Right</p>
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**HELPFUL CPT CODES**

<p><b>MRI SPINE:</b></p> <p>72141 MRI CERVICAL SPINE without contrast</p> <p>72156 MRI CERVICAL SPINE w/o &amp; with contrast</p> <p>72146 MRI THORACIC SPINE without contrast</p> <p>72157 MRI THORACIC SPINE w/o &amp; with contrast</p> <p>72148 MRI LUMBAR SPINE without contrast</p> <p>72158 MRI LUMBAR SPINE w/o &amp; with contrast</p>	<p><b>CT SPINE:</b></p> <p>72125 CT CERVICAL SPINE without contrast</p> <p>72127 CT CERVICAL SPINE w/o &amp; with contrast</p> <p>72128 CT THORACIC SPINE without contrast</p> <p>72130 CT THORACIC SPINE w/o &amp; with contrast</p> <p>72131 CT LUMBAR SPINE without contrast</p> <p>72133 CT LUMBAR SPINE w/o &amp; with contrast</p>
<p><b>MRI OTHER:</b></p> <p>72195 MRI PELVIS without contrast</p> <p>72197 MRI PELVIS w/o &amp; with contrast</p> <p>73218 MRI UPPER EXTREMITY without contrast</p> <p>73220 MRI UPPER EXTREMITY w/o &amp; with contrast</p> <p>73221 MRI UPPER EXTREMITY JOINT without contrast</p> <p>73223 MRI UPPER EXTREMITY JOINT w/o &amp; with contrast</p> <p>73718 MRI LOWER EXTREMITY without contrast</p> <p>73720 MRI LOWER EXTREMITY w/o &amp; with contrast</p> <p>73721 MRI LOWER EXTREMITY JOINT without contrast</p> <p>73723 MRI LOWER EXTREMITY JOINT w/o &amp; with contrast</p>	<p><b>CT OTHER:</b></p> <p>72192 CT PELVIS without contrast</p> <p>72194 CT PELVIS w/o &amp; with contrast</p> <p>73200 CT UPPER EXTREMITY without contrast</p> <p>73202 CT UPPER EXTREMITY w/o &amp; with contrast</p> <p>73700 CT LOWER EXTREMITY without contrast</p> <p>73702 CT LOWER EXTREMITY w/o &amp; with contrast</p> <p>70450 CT Head/Brain without contrast</p> <p>70470 CT Head/Brain w/without contrast</p>



## IMPORTANT INFORMATION FOR PATIENTS

### EXAM PREP

Visit our website at <https://saltzerhealth.com/imaging/> for details on how to prepare for your exam. If you have questions regarding your procedure, please call us at 208-960-0720.

The following procedures require you to prep for your exam:

MRI, MRI Abdomen/Pelvis, CT

### READ BEFORE SCHEDULING

- Please let our schedulers know if you have allergies to iodine, other medications, or have asthma.
- If there is a possibility that you are pregnant or are breastfeeding, please let our office know at time of scheduling.
- All exams require an order from your doctor except for DEXA Body Composition exams.

### SCHEDULING

- To schedule or reschedule by phone, please call 208-960-0720.

## SALTZER HEALTH MEDICAL IMAGING CENTER



### Address:

875 S. Vanguard Way, Suite 100  
Meridian ID 83642

### Hours:

X-rays & CT – 24 hours a day, seven days a week  
MRI, Ultrasound, DEXA – Monday-Saturday, 8 a.m.-8 p.m.

### Contact Us

Phone: 208-960-0720

Fax: 208-960-0725

[saltzerhealth.com/imaging](https://saltzerhealth.com/imaging)