

**Today's Date:**
**Patient Information – all fields required**
**Patient Name:**
**Date of Birth:**
**Phone:**
**Diagnosis/Symptoms:**
**Preauthorization #**
**Ordering Provider Information – all fields required**
**Provider Name:**
**Provider Phone Number:**
**Provider Signature:**
**Provider NPI:**
**Hold patient?** ☐ Yes ☐ No

**Phone:**
**After-hours phone:**
**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:**
**X-Ray**

- ☐ Chest PA & Lateral
- ☐ Ribs ☐ Left ☐ Right
- ☐ Cervical
- ☐ Thoracic
- ☐ Lumbar
- ☐ Sacrum/Coccyx
- ☐ Other \_\_\_\_\_

**X-Ray Upper Extremity:**

- ☐ Left ☐ Right ☐ Bilateral
- ☐ Shoulder
- ☐ Humerus
- ☐ Elbow
- ☐ Forearm
- ☐ Wrist
- ☐ Hand
- ☐ Finger \_\_\_\_\_

**X-Ray Lower Extremity**

- ☐ Left ☐ Right ☐ Bilateral
- ☐ Hip
- ☐ Femur
- ☐ Knee
- ☐ Tib/Fib
- ☐ Ankle
- ☐ Foot
- ☐ \_\_\_\_\_
- ☐ Toe \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ Other \_\_\_\_\_
- Fluoroscopy**
- ☐ Lumbar Puncture
- ☐ Joint Injection \_\_\_\_\_
- ☐ Left ☐ Right
- ☐ Other \_\_\_\_\_

**CT**

- ☐ Contrast per radiologists' discretion
- ☐ C-Spine
- ☐ T-Spine
- ☐ L-Spine
- ☐ Upper Extremity \_\_\_\_\_
- ☐ Left ☐ Right
- ☐ Lower Extremity \_\_\_\_\_
- ☐ Left ☐ Right
- ☐ Other \_\_\_\_\_
- DEXA**
- ☐ DEXA Axial
- ☐ DEXA Appendicular
- ☐ DEXA Full Body Composition

**MRI**

- ☐ Contrast per radiologists' discretion
- ☐ Pelvis
- ☐ C-Spine
- ☐ T-Spine
- ☐ L-Spine
- ☐ Shoulder ☐ Left ☐ Right
- ☐ Knee ☐ Left ☐ Right
- ☐ Hip ☐ Left ☐ Right
- ☐ Other \_\_\_\_\_
- ☐ MRI Arthrography
- ☐ Shoulder ☐ Left ☐ Right
- ☐ Hip ☐ Left ☐ Right
- ☐ Other Joint \_\_\_\_\_
- ☐ Left ☐ Right

## HELPFUL CPT CODES

### MRI SPINE:

- 72141 MRI CERVICAL SPINE without contrast
- 72156 MRI CERVICAL SPINE w/o & with contrast
- 72146 MRI THORACIC SPINE without contrast
- 72157 MRI THORACIC SPINE w/o & with contrast
- 72148 MRI LUMBAR SPINE without contrast
- 72158 MRI LUMBAR SPINE w/o & with contrast

### MRI OTHER:

- 72195 MRI PELVIS without contrast
- 72197 MRI PELVIS w/o & with contrast
- 73218 MRI UPPER EXTREMITY without contrast
- 73220 MRI UPPER EXTREMITY w/o & with contrast
- 73221 MRI UPPER EXTREMITY JOINT without contrast
- 73223 MRI UPPER EXTREMITY JOINT w/o & with contrast
- 73718 MRI LOWER EXTREMITY without contrast
- 73720 MRI LOWER EXTREMITY w/o & with contrast

- 73721 MRI LOWER EXTREMITY JOINT without contrast
- 73723 MRI LOWER EXTREMITY JOINT w/o & with contrast

### CT SPINE:

- 72125 CT CERVICAL SPINE without contrast
- 72127 CT CERVICAL SPINE w/o & with contrast
- 72128 CT THORACIC SPINE without contrast
- 72130 CT THORACIC SPINE w/o & with contrast
- 72131 CT LUMBAR SPINE without contrast
- 72133 CT LUMBAR SPINE w/o & with contrast

### CT OTHER:

- 72192 CT PELVIS without contrast
- 72194 CT PELVIS w/o & with contrast
- 73200 CT UPPER EXTREMITY without contrast
- 73202 CT UPPER EXTREMITY w/o & with contrast
- 73700 CT LOWER EXTREMITY without contrast
- 73702 CT LOWER EXTREMITY w/o & with contrast

## **IMPORTANT INFORMATION FOR PATIENTS**

### **EXAM PREP**

Visit our website at [www.Saltzerhealth/imaging](http://www.Saltzerhealth/imaging) for details on how to prepare for your exam. If you have questions regarding your procedure, call us at 208-960-0725.

***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, call 208-960-0725.

### **PLEASE NOTE:**

- If you are taking medications daily, please do not withhold medication unless discussed as part of your exam preparation.
- If you have allergies to iodine, other medications, or have asthma, please contact our office prior to your procedure.
- If there is any possibility that you may be pregnant or are breastfeeding, please let our office know at the time of scheduling.
- If you have any questions regarding your procedure, please contact our office and we will be glad to help you.

### **TEN MILE MEDICAL CAMPUS**



