



**Imaging Services
General Order Form**

Appointment Scheduling

Phone: 208-960-0720

Fax: 208-960-0725

Today's Date:

Patient Information – All Fields Required

Patient Name:	Date of Birth:	Phone:
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Diagnosis/Symptoms:

Preauthorization #:

Ordering Provider Information – All Fields Required

Provider Name:	Provider Phone Number:
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Provider Signature:	Provider NPI:
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Hold patient and call report to:	Phone:	After-hours Phone:
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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:

X-Ray Thorax

- Chest PA & Lateral
- Ribs Left Right
- Other _____

X-Ray Abdomen/Pelvis

- Abdomen/KUB 1 View
- Abdomen 2 View
- Pelvis
- Other _____

X-Ray Head

- Skull
- Facial Bones
- Orbits
- Other _____

X-Ray Spine

- Cervical
- Thoracic
- Lumbar
- Sacrum/Coccyx
- Other _____

X-Ray Upper Extremity

- Left Right Bilateral
- Shoulder
- Humerus
- Elbow
- Forearm
- Wrist
- Hand
- Finger _____
- Other _____

DEXA

- DEXA Axial
- DEXA Appendicular
- DEXA Full Body Composition

X-Ray Lower Extremity

- Left Right Bilateral
- Hip
- Femur
- Knee
- Tib/Fib
- Ankle
- Foot
- Toe _____
- Other _____

Fluoroscopy

- Lumbar Puncture
- Joint Injection _____
- Left Right
- Other _____

Ultrasound

- Abdomen
- Obstetric
 - <14 weeks or
 - Obstetric >14 weeks
 (With transvaginal if indicated)
- Pelvis to include Transvaginal if indicated
- Scrotum US
- Retroperitoneal (Renal & Aorta)
- Thyroid
- Fine Needle Aspiration
- Renal Doppler (Renal US ad hoc)
- Carotid Doppler
- Venous Doppler
- Extremity _____
- Left Right

- Arterial Doppler
 - Upper Extremity _____
 - Left Right
 - Lower Extremity _____
 - Left Right
- Non-vascular Extremity
 - Upper Extremity _____
 - Left Right
 - Lower Extremity _____
 - Left Right

CT

- Contrast per radiologists' discretion**
- Head/Brain
- Face
- Orbit (IAC, Temporal bones)
- Neck-Soft Tissue
- Chest
- Abdomen
- Abdomen/Pelvis
- Pelvis
- Sinus
- C-Spine
- T-Spine
- L-Spine
- Upper Extremity _____
- Left Right
- Lower Extremity _____
- Left Right
- Other _____

CT Cardiac

- Coronary Calcium Scoring
- CT Angiography**
- CTA Head
- CTA Neck
- CTA Renal

- CTA Aorta
 - Abdomen Thoracic
- CTA Legs/Lower Extremity Runoff
- CTA Pulmonary
- CTA Other _____

MRI

- Contrast per radiologists' discretion**
- Brain
- Abdomen
- MRCP
- Pelvis
 - Soft Tissue Bony
- C-Spine Screening
- T-Spine Screening
- L-Spine Screening
- Shoulder Left Right
- Knee Left Right
- Hip Left Right
- Other _____
- MRI Arthrography
 - Shoulder Left Right
 - Hip Left Right
- Other Joint _____
- Left Right

MR Angiography

- MRA Brain
- MRA Neck
- MRA Aorta
- MRA Mesenteric
- MRA Renal
- MRA Lower Extremity
- MRA Other _____



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, MRI Prostate, CT, Ultrasound – Abdomen/Gall Bladder, Ultrasound Pelvis/OB

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.

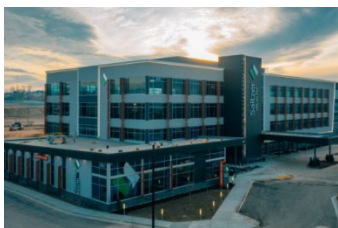
SCHEDULING

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

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	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
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 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 70450 CT Head/Brain without contrast 70470 CT Head/Brain w/without contrast

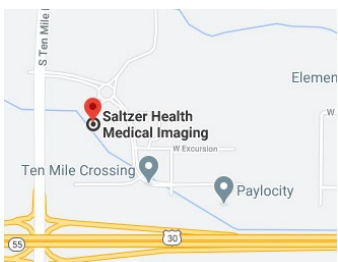
SALTZER HEALTH MEDICAL IMAGING CENTER

**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