

Imaging Services

Chiropractic Order Form

Fax completed forms to: 208-960-0725

APPOINTMENTS:

208.960.0720 PHONE

Ten Mile Medical Campus

875 S Vanguard Way, Suite 100 Meridian, ID 83687

Today's Date: Patient Information – all f			
Patient Information – all f			
	ields required		
Patient Name:		Date of Birth:	Phone:
Diagnosis/Symptoms:			
Preauthorization #			
Ordering Provider Informa	ation – all fields required		
Provider Name:			Provider Phone Number:
Provider Signature:			After-hours phone:
Provider NPI:			Fax Number:
Contrast: Yes Radiologist discretion CREATININE: Results: Date: Date:			
Exam Selection—Please of exam details. Exam Special Instructions:		for the requested study ar	nd specify any additional
V D	V D	СТ	MDI
<u>X-Ray</u>	X-Ray Lower Extremity	<u>CT</u>	MRI
Chest PA & Lateral Ribs Left Right Cervical Thoracic Lumbar Sacrum/Coccyx Other X-Ray Upper Extremity: Left Right Bilateral Shoulder Humerus Elbow	Left Right Bilateral Hip Femur Knee Tib/Fib Ankle Foot Toe Other Fluoroscopy Joint Injection Left Right	Contrast per radiologists' discretion C-Spine T-Spine L-Spine Upper Extremity Left Right Lower Extremity Left Right Other DEXA DEXA Axial	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 Left Right Other 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

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

• Important Information For Patients

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 208-960-0720.

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 k now at the time of scheduling.
- If you have any questions regarding your procedure, please contact our office and we will be g lad to help you.



