



STAT Doctor's Cell# _____
 ROUTINE

Patient Name	DOB	Date
Primary Phone	Secondary Phone	SS#
Address	ICD10 Code(s) for diagnostic symptoms must be provided	

INSURANCE / WORKERS COMP. INFORMATION	
Carrier / Adjuster	Policy / Claim#
Group #	Address to mail claim:
Name of Insured	
Insurance Phone #	IPA / Authorization

ATTORNEY INFORMATION	
Attorney Name	
Address	
Phone	Fax
Date of Injury or Onset	

PHYSICIAN INFORMATION (Please Print)		
Name		
Phone	Fax	
NPI		
Dr. Signature		

Claustrophobia? Yes No Metal in Body? Yes No Allergic to Iodine? Yes No Height Weight

MRI			
CPT Codes	X	Description	
BODY - MRI			
74181		Abdomen	
74183		Abdomen W & W/O contrast	
72195		Pelvic	
72197		Pelvic W & W/O contrast	
74185		Cholangiogram (MRCP)	
74181		Liver	
70543		Auditory Canal (IAC)	
70543		Auditory Canal (IAC) W & W/O contrast	
70551		Brain	
70553		Brain W & W/O contrast	
70551/70540		Brain and Orbits	
70543/70553		Brain and Orbits W & W/O contrast	
70551/70540		Brain with IAC	
70543/70553		Brain with IAC W & W/O contrast	
70553		Pituitary contrast madotory	
70543		Parotid W & W/O contrast	
70540		Sinus	
77058		Breast Unilateral	
77059		Breast Bilateral	
EXTREMITY - MRI			
73221		Shoulder	RT LT
73218		Upper Arm (Humerus)	RT LT
73221		Elbow	RT LT
73218		Forearm	RT LT
73221		Wrist	RT LT
73218		Hand	RT LT
73721		Hip	RT LT
73718		Thigh (Femur)	RT LT
73718		Tib-Fib (Leg)	RT LT
73721		Knee	RT LT
73721		Ankle	RT LT
73718		Foot	RT LT
73718		Toe	RT LT
SPINE - MRI			
72141		Cervical Spine	
72142		Cervical Spine W/ Contrast	
72156		Cervical Spine W & W/O Contrast	
72148		Lumbar Spine	
72149		Lumbar Spine W/ Contrast	
72158		Lumbar Spine W & W/O Contrast	
72146		Thoracic Spine	
72147		Thoracic Spine W/ Contrast	
72157		Thoracic Spine W & W/O Contrast	
72148		Sacrum - Coccyx	
MRA			
70544		Head	
70547		Neck	
73725		LE, W/ or WO	
73725		R Run Off	
71555		Thoracic Aorta	
74185		Abdominal Aorta	
70544		MRV	
70544		Intra / Extra Canal	
ECHOCARDIOGRAM			
93306		2D ECHO	
93306/93015		2D ECHO WITH STRESS	
EMG/NCV			
93306-93015		choose: Right	Left Bilateral
93306-93015		Upper	Lower Both
BIOPSY - Please indicate			
		CT Biopsy:	
		US Biopsy:	
		Fine Needle Aspiration	
MAMMOGRAPHY			
77067		Mammogram (Screening)	
77066		Mammogram (Diagnostic) - Bilateral	
77065		Mammogram (Diagnostic) - Unilateral	
		Choose: Left	Right
		Spot Compression: Left	Right
77063		3D Mammogram Screening	
G0279		3D Mammogram (Diagnostic)	

CT			
CPT Codes	X	Description	
74150		Abdomen	
74170		Abdomen W & W/O contrast	
72192		Pelvis	
72193		Pelvis W/ contrast	
72194		Pelvis W & W/O contrast	
74176		Abdomen / Pelvis	
74177		Abdomen / Pelvis W/ contrast	
74178		Abdomen / Pelvis W & W/O contrast Urogram	
74176		Renal Stone Protocol	
71250		Chest (High Resolution)	
71250		Chest w Heart Scan	
71250		Chest W/O contrast	
71270		Chest W/ & W/O contrast	
70450		Brain	
70470		Brain W & W/O contrast	
72125		Cervical	
72127		Cervical W & W/O contrast	
72131		Lumbar	
72133		Lumbar W & W/O contrast	
72128		Thoracic	
72130		Thoracic W & W/O contrast	
70491		Soft Tissue Neck W/ contrast	
70492		Soft Tissue Neck W & W/O contrast	
70480		Temporal Bones	
70486		Facial Bones	
70480		TMJ	
70480		Orbits	
70486		Sinus	mm cuts
		Axial	Coronal Both
70486/76376		Landmarx Protocol	
70486/77011		Instatrak Protocol	
		All CTA:	
		Other:	
EXTREMITY - CT			
73200		Elbow	Wrist Hand
73700		Foot	RT LT
73700		Knee	RT LT
73200		Shoulder	RT LT
73700		Ankle	RT LT
73700		Hip	RT LT
PREVENTATIVE SCANS / OTHERS			
71250		Heart Scan	
93880		Carotid IMT Bilateral	
		Full Body Scan	
		ABI	
		PAD	
93015		Treadmill Stress Test	
93000		EKG	
BONE DENSITOMETRY			
77080		DXA Scan (Dual Energy Xray)	
77086		Vertebral Fx Assessment (IVA)	
FLUOROSCOPY			
74220		Esophagram/ Barrium Swallow	
74230		Upper Gi W/O Swallowing Function	
74240		Upper Gi W/ No Air	
74246		Upper Gi W/ Air	
74250		Small Bowel Follow Through	
74270		Barium Enema W/Wo Kub	
74280		Barium Enema W/Air W/Wo Glucagon	
74210		Upper Gi W/Esophagram	
58340/74740		HSG (Hysterosalpingogram)	
OTHER REQUEST			
		Patient to take films	
		Need films Delivered	
		Need CD Delivered	
		Patient needs Transportation	

ULTRASOUND			
CPT Codes	X	Description	
GENERAL US			
76700		Abdomen	
76856		Pelvis	
76830		Transvaginal	
76805		OB	
76705		Gallbladder	
76770/51798		Renal	
76536		Thyroid	
76641		Breast	Left Right
76705		Liver	
78670		Scrotum / Testicular	
76536		Soft Tissue	
		3D/4D OB	
VASCULAR US			
		Left	Right BiLateral
		Upper	Lower
		with ABI	
93925		Arterial Doppler	
93880		Carotid Doppler	
93971		Venous Doppler Unilateral	
93970		Venous Doppler Bilateral	
PAIN MANAGEMENT			
		ESI's x1 or x3 Level:	
		Cervical	Thoracic Lumbar
		Facet Blocks/Level:	
		Cervical	Thoracic Lumbar
		Nerve Root Injections/Hardware	
		Cervical	Thoracic Lumbar
		Sympathetic Nerve Blocks/Level:	
		Cervical	Thoracic Lumbar
		Myelogram	
		Cervical	Thoracic Lumbar
		Discogram/Level:	
		Cervical	Thoracic Lumbar
		Arthrogram: Shoulder	Wrist Knee
		Right	Left Both
		Vertebroplasty/Level:	
		Consultation	Evaluation
		Hip Injection	
		Right	Left Both
		Kyhyoplasty	
		Percutaneous Discectomy	
		Consults and Treat	
		Consults Only	
NUCLEAR MEDICINE			
78607/A9584		DAT Scan	
78014		Thyroid Scan	
78012		Thyroid Scan with Uptake	
79005		Thyroid Therapy / I-131 Thyroid ablation	
78070		Parathyroid Nuclear Imaging	
78205		Liver Spect	Hemangioma
78264		Gastric Emptying	
78315		3 Phase Bone Scan	
78306		Whole Body Bone Scan	
78478		MPI with Wall Motion	
78480		MPI with Ejection Fraction	
78708		Lasix Renal Scan	
78708		GFR Renal Scan	
78708		Captopril Renal	
78806		Gallium Scan: Extremity	Body Venogram
78458/78457		Lower	Upper Bilateral Unilateral
78451		Myocardial Perfusion - Treadmill	
78451		Myocardial Perfusion - Chemical Treadmill	
78227		Hida Scan	
78261		Meckel's - Gastric Mucosa	
78320		Bone Spect	
78710		Renal Spect Scan	
78607		Brain Spect	
78709		Kidney Scan	
78806		Indium Scan	

Scheduling Direct Line: **713-554-3200**
 Main Line: **713-461-3399**
 Fax: 713-461-1969
 www.memorialdiagnostic.com



X-RAYS/OTHERS PROCEDURES/SPECIAL INSTRUCTIONS	