



Outpatient Radiological Order Form

Name: _____

Date of Birth: _____

| Indication for Study | ICD-9 Code |
|----------------------|------------|
| | |
| | |

Special Instructions: _____

Physician Name: _____ Date: _____

| General X-ray | CPT Codes | L | R | General X-ray cont. | CPT Codes | L | R | CT (Radnor & Langhorne) | C O N T R A S T | | | |
|--|-----------|---|---|---|-----------|---|---|---|-----------------|------------------------|----------|-----------|
| | | | | | | | | | With | W/O | Combined | CPT Codes |
| <input type="checkbox"/> Abdomen KUB | 74000 | | | <input type="checkbox"/> Skull | 70260 | | | <input type="checkbox"/> Abdomen include Pelvis if indicated | | | | |
| <input type="checkbox"/> Abdomen obstruction series | 74022 | | | <input type="checkbox"/> Sternum | 71120 | | | <input type="checkbox"/> Brain | | | | |
| <input type="checkbox"/> A/C joint | 73050 | | | <input type="checkbox"/> Thoracic Spine | 72070 | | | <input type="checkbox"/> Cardiac Scoring *Radnor only | | | | |
| <input type="checkbox"/> Ankle 2 View | 73600 | | | <input type="checkbox"/> Tibia & Fibula | 73590 | | | <input type="checkbox"/> Lower Extremity | | | | |
| <input type="checkbox"/> Ankle 3+ View | 73610 | | | <input type="checkbox"/> Toes | 73660 | | | <input type="checkbox"/> Pelvis | | | | |
| <input type="checkbox"/> Bone age Study | 76020 | | | <input type="checkbox"/> Wrist 2 | 73100 | | | <input type="checkbox"/> Soft Tissue Neck | | | | |
| <input type="checkbox"/> Bone Length Study | 76040 | | | <input type="checkbox"/> Wrist 3+ view | 73110 | | | <input type="checkbox"/> Thorax | | | | |
| <input type="checkbox"/> Chest 1 View | 71010 | | | Mammography/Breast Imaging | | | | <input type="checkbox"/> Upper Extremity | | | | |
| <input type="checkbox"/> Chest 2 View | 71020 | | | <input type="checkbox"/> Mammography Screening | 76092 | | | CT Maxillofacial | | | | |
| <input type="checkbox"/> Chest 4+ View | 71030 | | | <input type="checkbox"/> Mammography Bilateral | 76091 | | | Please choose exam type | | | | |
| <input type="checkbox"/> Cervical Spine 2-3 view | 72040 | | | <input type="checkbox"/> Mammography Unilateral | 76090 | | | <input type="checkbox"/> Facial | | | | |
| <input type="checkbox"/> Cervical Spine 4+ view | 72050 | | | <input type="checkbox"/> Breast Ultrasound (if indicated) | 76645 | | | <input type="checkbox"/> Orbits | | | | |
| <input type="checkbox"/> Cervical Spine w/flex/ext | 72052 | | | <input type="checkbox"/> Breast Cyst Aspiration *Radnor only | 19000 | | | <input type="checkbox"/> Sinuses | | | | |
| <input type="checkbox"/> Clavicle | 73000 | | | <input type="checkbox"/> Breast Cyst Aspiration add'l | 19001 | | | <input type="checkbox"/> Temporal Bone | | | | |
| <input type="checkbox"/> Elbow 2 view | 73070 | | | <input type="checkbox"/> Breast Core Biopsy *Radnor only | 19102 | | | CT Spine | | | | |
| <input type="checkbox"/> Elbow 3 view | 73080 | | | <input type="checkbox"/> Review OSF for Breast core biopsy/ aspiration *Radnor only | 76140 | | | Please choose exam type and indicate levels | | | | |
| <input type="checkbox"/> Facial Bones | 70150 | | | <input type="checkbox"/> U/S guidance for needle placement *Radnor only | 76942 | | | <input type="checkbox"/> Cervical Spine | | | | |
| <input type="checkbox"/> Femur | 73550 | | | Bone Density | | | | <input type="checkbox"/> Lumbar Spine | | | | |
| <input type="checkbox"/> Fingers | 73140 | | | <input type="checkbox"/> (Dexa) Bone Density | 76075 | | | <input type="checkbox"/> Thoracic Spine | | | | |
| <input type="checkbox"/> Foot 2 view | 73620 | | | Ultrasound | | | | CT Angiography-(Radnor Office) | | C O N T R A S T | | |
| <input type="checkbox"/> Foot 3+ view | 73630 | | | <input type="checkbox"/> Thyroid | 76536 | | | <input type="checkbox"/> Abdomen | | | | |
| <input type="checkbox"/> Forearm | 73090 | | | <input type="checkbox"/> Abdomen complete | 76700 | | | <input type="checkbox"/> Abdomen aorta & Bilateral runoff | | | | |
| <input type="checkbox"/> Hand 2 view | 73120 | | | <input type="checkbox"/> Abdomen limited | 76705 | | | <input type="checkbox"/> Chest | | | | |
| <input type="checkbox"/> Hand 3+ view | 73130 | | | <input type="checkbox"/> Abdomen limited | 76705 | | | <input type="checkbox"/> Head | | | | |
| <input type="checkbox"/> Heel/Calcaneus | 73650 | | | <input type="checkbox"/> Retroperitoneal *Please check desired exam | | | | <input type="checkbox"/> Lower Extremity | | | | |
| <input type="checkbox"/> Hip & Pelvis Child | 73540 | | | <input type="checkbox"/> Kidney / Bladder | 76770 | | | <input type="checkbox"/> Neck | | | | |
| <input type="checkbox"/> Hip Unilateral | 73510 | | | <input type="checkbox"/> Kidney / Aorta | 76770 | | | <input type="checkbox"/> Upper Extremity | | | | |
| <input type="checkbox"/> Hip 2 view w/Pelvis | 73520 | | | <input type="checkbox"/> Scrotum and Contents | 76870 | | | <input type="checkbox"/> PT ALLERGIC – NO CONTRAST | | | | |
| <input type="checkbox"/> Humerus | 73060 | | | <input type="checkbox"/> Pelvis | 76856 | | | MRI (Langhorne Office) | | | | |
| <input type="checkbox"/> Hysterosalpingogram | 74740 | | | <input type="checkbox"/> Transvaginal Pelvis | 76830 | | | <input type="checkbox"/> Abdomen | | | | 74185 |
| <input type="checkbox"/> Knee 3 view | 73562 | | | <input type="checkbox"/> Pregnancy >14 wks | 76805 | | | <input type="checkbox"/> Abdomen MRA | | | | 74181 |
| <input type="checkbox"/> Knee 1-2 view | 73560 | | | <input type="checkbox"/> Pregnancy <14 wks | 76801 | | | <input type="checkbox"/> Brain | | | | 70553 |
| <input type="checkbox"/> Knee 4+ view | 73564 | | | <input type="checkbox"/> Pregnancy Ltd. | 76815 | | | <input type="checkbox"/> Brain MRA Circle of Willis | | | | 70554 |
| <input type="checkbox"/> Lumbar Spine 2-3 views | 72100 | | | <input type="checkbox"/> Pregnancy Transvaginal | 76817 | | | <input type="checkbox"/> Breast | | | | 76094 |
| <input type="checkbox"/> Lumbar Spine 4+ views | 72110 | | | <input type="checkbox"/> Extremity for palpable abnormality | | | | <input type="checkbox"/> Rt <input type="checkbox"/> Lt <input type="checkbox"/> BiLat <input type="checkbox"/> | | | | |
| <input type="checkbox"/> Lumbar Spine flex/ext | 72114 | | | <input type="checkbox"/> *Document in special instructions body part to be scanned | 76880 | | | <input type="checkbox"/> Carotids Neck MRA | | | | 70547 |
| <input type="checkbox"/> Mandible | 70110 | | | <input type="checkbox"/> Venous Extremity Bilateral r/o DVT | 93970 | | | <input type="checkbox"/> Chest | | | | 71550 |
| <input type="checkbox"/> Nasal bones | 70160 | | | <input type="checkbox"/> Venous Extremity Unilateral r/o DVT | 93971 | | | <input type="checkbox"/> C-Spine | | | | 72141 |
| <input type="checkbox"/> Neck Soft Tissue | 70360 | | | <input type="checkbox"/> Abdomen Doppler / complete | | | | <input type="checkbox"/> Lower Extremity | | | | 73721 |
| <input type="checkbox"/> Orbits | 70200 | | | <input type="checkbox"/> *include abdomen complete if indicated | 93975 | | | <input type="checkbox"/> Lumbar Spine | | | | 72148 |
| <input type="checkbox"/> Paranasal Sinuses complete | 70220 | | | <input type="checkbox"/> Abd Doppler limited | 93976 | | | <input type="checkbox"/> MRCP | | | | 74183 |
| <input type="checkbox"/> Pelvis 1 View AP | 72170 | | | <input type="checkbox"/> Carotid Artery Bilateral | 93880 | | | <input type="checkbox"/> Neck | | | | 70543 |
| <input type="checkbox"/> Rib Unilateral w/ PA chest | 71101 | | | Fluoro | | | | <input type="checkbox"/> Orbit, Face, Neck | | | | 70543 |
| <input type="checkbox"/> Ribs Bilateral w/PA chest | 71111 | | | <input type="checkbox"/> Barium Swallow | 74220 | | | <input type="checkbox"/> Pelvis | | | | 72196 |
| <input type="checkbox"/> S.C. Joints (sternoclavicular) | 71130 | | | <input type="checkbox"/> Barium Enema | 74280 | | | <input type="checkbox"/> Thoracic Spine | | | | 72146 |
| <input type="checkbox"/> Sacroiliac joints | 72202 | | | <input type="checkbox"/> Barium Enema w/o Air | 74270 | | | <input type="checkbox"/> TMJ Joint | | | | 70336 |
| <input type="checkbox"/> Sacrum & Coccyx | 72220 | | | <input type="checkbox"/> Small Bowel | 74250 | | | <input type="checkbox"/> Upper Extremity | | | | 73221 |
| <input type="checkbox"/> Scapula | 73010 | | | <input type="checkbox"/> Upper GI w/Air | 74247 | | | <input type="checkbox"/> NO CONTRAST | | | | |
| <input type="checkbox"/> Scoliosis | 72090 | | | <input type="checkbox"/> UGI Small Bowel | 74249 | | | <input type="checkbox"/> OTHER | | | | |
| <input type="checkbox"/> Scoliosis 36" *King of Prussia only | 72069 | | | | | | | | | | | |
| <input type="checkbox"/> Shoulder 1 view | 73020 | | | | | | | | | | | |
| <input type="checkbox"/> Shoulder 2+ view | 73030 | | | | | | | | | | | |
| <input type="checkbox"/> Sinuses ltd. | 70210 | | | | | | | | | | | |
| <input type="checkbox"/> Skeletal survey | 76062 | | | | | | | | | | | |
| <input type="checkbox"/> Skull ltd. | 70250 | | | | | | | | | | | |

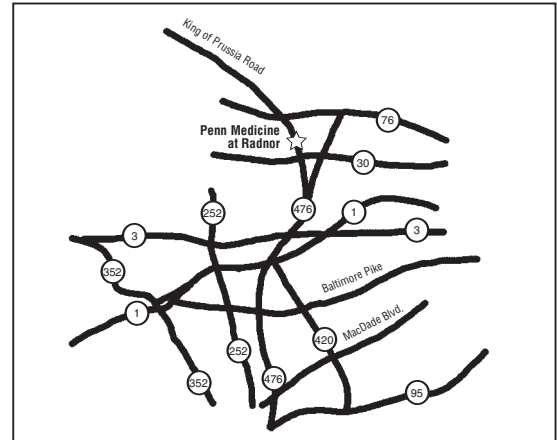
| Nuclear Medicine – (Radnor Office) | CPT Codes |
|---|-----------|
| <input type="checkbox"/> Bone Imaging Multiple | 78305 |
| <input type="checkbox"/> Bone Imaging Spect | 78320 |
| <input type="checkbox"/> Bone Joint Imaging | 78300 |
| <input type="checkbox"/> Bone Scan three phase | 78315 |
| <input type="checkbox"/> Bone Scan Whole body | 78306 |
| <input type="checkbox"/> Cardiac Blood Pool Imaging Multi | 78473 |
| <input type="checkbox"/> Hepatobiliary ductal | 78223 |
| <input type="checkbox"/> Kidney imaging (Spect) | 78710 |
| <input type="checkbox"/> Kidney w/vas flow fu | 78707 |
| <input type="checkbox"/> Liver (Spect) with vascular flow | 78206 |
| <input type="checkbox"/> Liver and Spleen | 78215 |
| <input type="checkbox"/> Liver Imaging | 78205 |
| <input type="checkbox"/> Liver/Spleen w/vascular flow | 78216 |
| <input type="checkbox"/> Myocardial | 78480 |
| <input type="checkbox"/> Thyroid Uptake | 78006 |

PENN Radiology at Radnor

250 King of Prussia Rd

Radnor, PA 19087

610-902-1800



• BARIUM ENEMA (Lower GI) Adult

1) Day prior to Study

NOON – Lunch – Clear Liquids.

1:00 pm Drink 1 full glass or more of water.

3:00 pm Drink 1 full glass or more of water.

4:00 pm Drink 1-10 oz. Bottle Magnesium Citrate COLD

5:00 pm Supper – Clear Liquids.

7:00 pm Drink 1 full glass or more of water.

8:00 pm Take 3 Dulcolax tablets, 5 mg. Each with 1 full glass or more of water.

7:00 am Drink 1-1/2 glasses of water. Insert 1 Dulcolax suppository into rectum.

Keep in place 15 min. before expelling.

Prior to coming to office, you may have 8 oz. of coffee, tea, or juice.

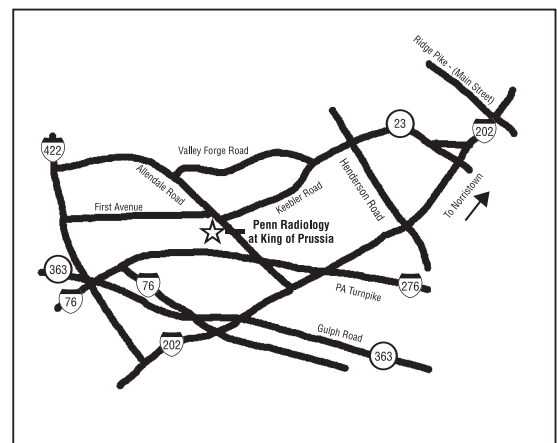
2) After completion of exam, drink plenty of fluids the remainder of the day.

PENN Radiology at King of Prussia

491 Allendale Rd, Suite 104

King of Prussia, PA 19406

610-265-6510



• UPPER GI SERIES

1) Don't eat or drink after midnight until the study is completed.

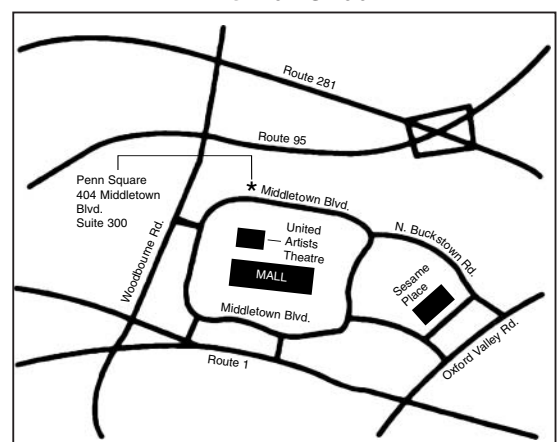
2) After completion of exam, drink plenty of fluids the remainder of the day.

PENN Radiology at Langhorne

404 Middletown Blvd, Penn Square Suite 300

Langhorne, PA 19047

215-702-3100



• GALL BLADDER & ABDOMINAL OR RENAL ULTRASOUND – Do not eat or drink after midnight.

• **PELVIC OR BLADDER ULTRASOUND** – It is necessary to have a full bladder for this exam. 1 1/2 hours before your exam, drink 4 glasses (8 oz. each of any liquid). Give yourself 1 1/2 hr. to drink this liquid. DO NOT VOID.

When scheduling an appointment, please have ready referral forms, physician's orders and insurance information.

PENN Radiology accepts most health plans.