



BRONSON
CT/MRI OUTPATIENT
ORDER FORM

Name (Last) _____ (First) _____ (M.I) _____	
Birth Date _____	Maiden or Previous Name _____
Sex <input type="checkbox"/> M <input type="checkbox"/> F	
Primary Diagnosis(es) & ICD-10 Code(s) or Symptoms _____	
All orders require a signature from the provider to process	
Provider Signature: _____ Date _____ Time _____	
Print Provider Name: _____	

Schedule Appt Patient will call 269-341-8700 Fax Order to 269-343-4277 Physician will call

Visit/Encounter # _____ Unit Med. Record # _____

Does patient meet criteria for Hydration Protocol? yes no Lab result date: _____ Allergies Yes No
 GFR: _____ Creatinine: _____ (within 30 days of scheduled exam or new labs must be drawn) Allergy to X-ray Dye/Contrast Yes No

Additional: Clinical Data/Signs/Symptoms: _____ Special Instructions/Area(s) of Interest: _____

PATIENT'S CHART MUST BE AVAILABLE DURING SCHEDULING

Your patient's insurance may require authorization prior to having CT and MRI procedures. In order to proceed with the testing, please read the following statement to the patient's insurance company and record the authorization number on the blank. "I am calling for authorization of (the ordered procedure) for both the facility and the provider interpretation."

CT HEAD/NECK	CPT CODES	Authorization # _____	MRI UPPER EXTREMITY*	CPT CODES
Brain	70450, 70460, 70470		Shoulder <input type="checkbox"/> RT <input type="checkbox"/> LT	73221, 73222, 73223
Brain Stereotactic	77011	Sacroiliac Joints	Humerus/Arm <input type="checkbox"/> RT <input type="checkbox"/> LT	73218, 73219, 73220
Sella Turcica	70480, 70481, 70482	Sacrum	Elbow <input type="checkbox"/> RT <input type="checkbox"/> LT	73221, 73222, 73223
Face	70486, 70487, 70488	Discogram Lumbar	Forearm <input type="checkbox"/> RT <input type="checkbox"/> LT	73218, 73219, 73220
Orbit or Temporal Bones	70480, 70481, 70482	Discogram Thoracic	Wrist <input type="checkbox"/> RT <input type="checkbox"/> LT	73221, 73222, 73223
Sinus	70486	Discogram Cervical	Hand <input type="checkbox"/> RT <input type="checkbox"/> LT	73218, 73219, 73220
Soft Tissue Neck	70490, 70491, 70492		Finger/Thumb <input type="checkbox"/> RT <input type="checkbox"/> LT	73221, 73222, 73223
CT CHEST		CT ANGIOGRAPHY	MRI LOWER EXTREMITY*	
Chest	71250, 71260, 71270	Chest Pulmonary Veins	Hip <input type="checkbox"/> RT <input type="checkbox"/> LT	73721, 73722, 73723
Chest HI Res (Interstitial Lung Survey)	71250, 71260, 71270	Chest Pulmonary Emboli	Thigh/Femur <input type="checkbox"/> RT <input type="checkbox"/> LT	73718, 73719, 73720
Limited Lung Nodule	76380	Chest Aorta	Knee <input type="checkbox"/> RT <input type="checkbox"/> LT	73721, 73722, 73723
Heart Scan	75571	Head	Calf/Tib Fib <input type="checkbox"/> RT <input type="checkbox"/> LT	73718, 73719, 73720
CT ABDOMEN / PELVIS		Head Venogram <td>Ankle <input type="checkbox"/> RT <input type="checkbox"/> LT</td> <td>73721, 73722, 73723</td>	Ankle <input type="checkbox"/> RT <input type="checkbox"/> LT	73721, 73722, 73723
Abdomen and Pelvis	74176, 74177, 74178	Neck	Foot <input type="checkbox"/> RT <input type="checkbox"/> LT	73718, 73719, 73720
Abdomen	74150, 74160, 74170	Chest Central Veins	Post Arthrogram MRI - specify joint	
Abdomen 3 Phase Kidney	74170	Abdomen	MRI SPINE*	
Abdomen 3 Phase Liver	74170	Abdomen and Pelvis	Spinal Cervical	72141, 72142, 72156
CT Abdomen/Pelvis Stone Protocol	74176	Lower Extremity	Spine Thoracic	72146, 72147, 72157
Adrenal	76380	Coronary Arteries	Spine Lumbar	72148, 72149, 72158
Urogram (Abdomen & Pelvis)	74178	Upper Extremity	Spine Lumbar feet first	72148, 72149, 72158
Pelvis	72192, 72193, 72194	Pelvis	SI Joints	72195, 72196, 72197
CT Enterography	74177	Endograft	Sacrum	72195, 72196, 72197
Virtual Colonoscopy Diagnostic	74261, 74262	Lower Extremity Venogram Routine	M.S. Spine and CP Codes	72156, 72157
Virtual Colonoscopy Screening	74263	Renal	Total Spine Screening	72141, 72142, 72156, 72146, 72147, 72157, 72148, 72149, 72158
Adrenal	74150	Abdomen Aorta with Runoff	MR ANGIOGRAPHY HEAD/NECK/CHEST*	
Adrenal washout	74170	Head With Perfusion	Head	70544, 70545, 70546
CT UPPER EXTREMITY		MRI HEAD/NECK*	Head Venogram	70544, 70545, 70546
Shoulder <input type="checkbox"/> RT <input type="checkbox"/> LT	73200, 73201, 73202	Brain	Neck	70547, 70548, 70549
Humerus/Arm <input type="checkbox"/> RT <input type="checkbox"/> LT	73200, 73201, 73202	Brain Stereotactic	Chest	71555
Elbow <input type="checkbox"/> RT <input type="checkbox"/> LT	73200, 73201, 73202	Face	Chest Central Veins	71555
Forearm <input type="checkbox"/> RT <input type="checkbox"/> LT	73200, 73201, 73202	Orbit	Chest Aorta	71555
Wrist <input type="checkbox"/> RT <input type="checkbox"/> LT	73200, 73201, 73202	Temporomandibular Joint(s)	MR ANGIOGRAPHY ABDOMEN/PELVIS*	
Hand/Fingers <input type="checkbox"/> RT <input type="checkbox"/> LT	73200, 73201, 73202	Spectroscopy	Abdomen	74185
CT LOWER EXTREMITY		Neck Soft Tissue	Pelvis	72198
Hip <input type="checkbox"/> RT <input type="checkbox"/> LT	73700, 73701, 73702	MRI CHEST / HEART*	Renal Arteries	74185
Thigh/Femur <input type="checkbox"/> RT <input type="checkbox"/> LT	73700, 73701, 73702	Chest	Mesenteric Arteries	74185
Knee <input type="checkbox"/> RT <input type="checkbox"/> LT	73700, 73701, 73702	Fast Breast and CPT Code	MR ANGIOGRAPHY UPPER EXTREMITY*	
Calf/TIB/FIB <input type="checkbox"/> RT <input type="checkbox"/> LT	73700, 73701, 73702	Breast - Please refer to Breast Imaging & Bone Density order form	Humerus/Arm <input type="checkbox"/> RT <input type="checkbox"/> LT	73225
Ankle <input type="checkbox"/> RT <input type="checkbox"/> LT	73700, 73701, 73702	Cardiac	Arm/Forearm <input type="checkbox"/> RT <input type="checkbox"/> LT	73225
Foot/Toes <input type="checkbox"/> RT <input type="checkbox"/> LT	73700, 73701, 73702		Hand/Wrist <input type="checkbox"/> RT <input type="checkbox"/> LT	73225
Post Arthrogram CT - specify joint		MRI ABDOMEN / PELVIS*	MR ANGIOGRAPHY LOWER EXTREMITY*	
CT SPINE	CPT CODES	Abdomen	Lower Extremity <input type="checkbox"/> RT <input type="checkbox"/> LT	73725
Spine Cervical	72125, 72126, 72127	Pelvis	Aorta/Pelvis with Bilateral Runoffs	74181, 73718
Spine Thoracic	72128, 72129, 72130	MRCP		
Spine Lumbar	72131, 72132, 72133	MRI Prostate		
		CT Adrenal without CPT		
		CT Adrenal washout - without & with		

* Permission to proceed to Orbit x-ray if indicated
 For driving directions and hours of operation, please visit www.bronsonhealth.com.