



BRONSON
DIAGNOSTICS AND ULTRASOUND
OUTPATIENT ORDER FORM

Name (Last) _____ (First) _____ (M.I) _____

Birth Date _____ Maiden or Previous Name _____ Sex M 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
 BBC Scheduling 269-245-8666 BBC Fax 269-245-4902 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	ADDITIONAL INSTRUCTIONS

Please read the following statement to the patient's insurance company and record the authorization number on the blank after the statement. "I am calling for authorization of (the ordered procedure) for both the facility and the provider interpretation." Authorization Number _____

GENERAL XRAY		GENERAL XRAY		*GENERAL XRAY *SPECIAL STUDIES		*ULTRASOUND	
CHEST/RESPIRATORY/RIBS		UPPER EXTREMITIES (Cont.)		GASTROINTESTINAL FLUORO		ABDOMEN	
CHEST PA & LAT (ROUTINE)	71046	FOREARM <input type="checkbox"/> RT <input type="checkbox"/> LT	73090	*ESOPHAGUS	74220	ABD - COMPLETE	76700
CHEST PA ONLY	71045	WRIST		*VIDEO FLUOROSCOPIC SWALLOW STUDY	74230	ABD - QUADRANT	76705
NECK FOR SOFT TISSUE	70360	3 VIEW <input type="checkbox"/> RT <input type="checkbox"/> LT	73110	*UPPER GI	74240	<input type="checkbox"/> RUQ (GB, Liver, Panc)	
RIBS (INCLUDE PA CHEST)		HAND		*UPPER G.I. WITH ESOPHAGUS	74240	<input type="checkbox"/> LUQ (Spleen)	
<input type="checkbox"/> UNILATERAL <input type="checkbox"/> RT <input type="checkbox"/> LT	71101	3 VIEW <input type="checkbox"/> RT <input type="checkbox"/> LT	73130	*SMALL BOWEL	74250	KIDNEYS & BLADDER	76770
<input type="checkbox"/> BILATERAL	71111	FINGERS <input type="checkbox"/> RT <input type="checkbox"/> LT	73140	*BARIUM ENEMA	74270/74280	INTUSSUSCEPTION	
ABDOMEN		INFANT COMPLETE UPPER EXT (0-12 MOS) <input type="checkbox"/> RT <input type="checkbox"/> LT		*POST OP(T-TUBE)	75984	Liver with Elastography	
ABD FLAT PLATE/SUPINE	74018	PELVIS AND HIPS		*URINARY SYSTEM		Liver with Doppler Complete	
ABD FLAT & UPRIGHT	74019	PELVIS AP	72170	KUB (NO APPOINTMENT NEEDED)	74018	Renal Artery Stenosis	
ABD ACUTE (INCLUDES PA CHEST)	74022	HIP <input type="checkbox"/> RT <input type="checkbox"/> LT	73502	*I.V. PYELOGRAM	74400	Renal Transplant	
HEAD		LOWER EXTREMITIES		*CYSTOGRAPHY	74430	AAA SCREENING	76706
SKULL COMPLETE	70260	FEMUR <input type="checkbox"/> RT <input type="checkbox"/> LT	73552	*VOIDING CYSTOGRAM	74455	AORTA DIAGNOSTIC	76775
FACIAL BONES	70150	KNEE <input type="checkbox"/> RT <input type="checkbox"/> LT		*MISCELLANEOUS		ABD - DOPPLER - SPECIFY	93975
MANDIBLE	70110	<input type="checkbox"/> 2 VIEW AP&LAT	73560	*ARTHROGRAM <input type="checkbox"/> RT <input type="checkbox"/> LT (SPECIFY WHICH JOINT):		PELVIS	
ORBITS FOR MRI SCREENING	70030	<input type="checkbox"/> 4 + VIEW (SPECIFY)	73564	*HYSTEROSALPINGOGRAM	74740	PELVIS	76856
SINUSES	70220	LEG (TIBIA & FIBULA) <input type="checkbox"/> RT <input type="checkbox"/> LT	73590	*SIALOGRAM	70390	SELECT ONE <input type="checkbox"/> WITH ENDOVAG IF NECESSARY 76830	
SPINE		ANKLE <input type="checkbox"/> RT <input type="checkbox"/> LT	73610	SHUNT SURVEY 70250, 71046, 74019		<input type="checkbox"/> WITHOUT ENDOVAG	
CERVICAL AP & LAT	72040	FOOT <input type="checkbox"/> RT <input type="checkbox"/> LT	73630	*ULTRASOUND OB		FOLLICLE STUDY (ENDOAVAG ONLY)	76830
CERVICAL W/OBLIQUES (ROUTINE)	72050	HEEL (OS CALCIS) <input type="checkbox"/> RT <input type="checkbox"/> LT	73650	OB < 14 Weeks with Endovag if necessary		OTHER	
CERVICAL FLEX & EXTEND ONLY	72040	TOES <input type="checkbox"/> RT <input type="checkbox"/> LT	73660	OB > Greater, Follow up		APPENDIX	76705
CERVICAL LIMITED/circle option COLLAR ON COLLAR OFF	72040	INFANT COMPLETE LOWER EXT (0-12 MOS) <input type="checkbox"/> RT <input type="checkbox"/> LT		OB LIMITED (Ex. fetal pos., AFI, viability)	76815	BREAST <input type="checkbox"/> RT <input type="checkbox"/> LT	76645
THORACIC AP & LAT (ROUTINE)	72070			OB CERVICAL LENGTH	76817	BIOPSY OR ASPIRATION Specify	
LUMBAR AP & LAT (ROUTINE)	72100	BONE SURVEY EXAMS		BIOPHYSICAL PROFILE (Includes AFI)	76819	CRANIAL	76506
LUMBAR WITH OBLIQUES	72110	BONE AGE (PA LEFT HAND/WRIST)	77072	UMBILICAL CORD DOPPLER ONLY	76820	POPLITEAL AREA (e.g. baker's cyst)	76881
LUMBAR FLEX & EXTEND ONLY	72114	BONE LENGTH STUDY	77073	BIOPHYSICAL PROFILE WITH UMBILICAL CORD DOPPLER (Includes AFI)	76819, 76820	SOFT TISSUE - SPECIFY	
LUMBAR AP & LAT STANDING	72100	BONE SURVEY (13 MO - ADULT)	77075	MCA DOPPLER	76821	MSK <input type="checkbox"/> RT <input type="checkbox"/> LT (SPECIFY AREA OF INTEREST):	
SCOLIOSIS SURVEY ERECT	72081	BONE SURVEY INFANT (0-12 MOS)	77076	AMNIOCENTESIS	76946	INFANT HIPS	76885
MYELOGRAM CERVICAL	62302			FETAL ECHOCARDIOGRAM/FOLLOW-UP	76825, 76826	INFANT SPINE (e.g sacral dimple)	76800
MYELOGRAM THORACIC	62303					CHEST	76604
MYELOGRAM LUMBAR	62304					PYLORUS	76705
MYELOGRAM 2 OR MORE LEVELS, SPECIFY LEVELS	62305					THYROID	76536
UPPER EXTREMITIES						SCROTUM with Doppler if necessary	
ACROMIO-CLAVICULAR JOINTS	73050					PROSTATE	76872
CLAVICLE <input type="checkbox"/> RT <input type="checkbox"/> LT	73000					OTHER SPECIFY	
SHOULDER <input type="checkbox"/> RT <input type="checkbox"/> LT	73030						
HUMERUS <input type="checkbox"/> RT <input type="checkbox"/> LT	73060						
ELBOW <input type="checkbox"/> RT <input type="checkbox"/> LT	73070						

