

**DIAGNOSTIC IMAGING FORM - M.D. Signature Required**



**BAYLOR RADIOLOGISTS**  
 a radiology partners affiliated practice

Physician Information (print)	
Name:	_____
Phone:	_____
Fax:	_____

Patient Name	Birth date	Sex M F	Social Security Number
Primary Phone	Secondary Phone	( ) STAT/Medical Emergency	
Plan Name	ID #	Group #	

Clinical Findings/Diagnosis (if multiple tests, pls supply diagnosis for each)

BUN/Creatinine (if applicable) BUN:		Creatinine:		Date of Blood work:							
X	ICD-9	ULTRASOUND	X	ICD-9	CPT	MRA (cont.)	X	ICD-9	CPT	X-RAY (cont.)	
	76536	AAA Screen			70548	Neck w/contrast			73090	Forearm 2 view	L R
	76700	Abdomen, Complete			70549	Neck w/w/o			73130	Hand 3 view	L R
	76705	Abdomen, Limited			72198	Pelvis with or without			73520	Hips Bilat w/Pelvis	
	76770	Abdominal Aorta			76856	<b>CT</b>			73510	Hip 2 view	L R
	76775	ABI Screen			74160	Abdomen w/contrast			73060	Humerus 2 view	L R
	76775	Carotid IMT Screen			74150	Abdomen w/o			73564	Knee 4 view	L R
	G0389	Pelvic US, Compete			74170	Abdomen w/w/o			73560	Knee 3 view	L R
	0126T	Renals			70450	Brain w/o contrast			70160	Nasal Bones 3 view	
	G8407	Thyroid			70460	Brain w/contrast			70200	Orbits	
		<b>MRI</b>			70470	Brain w/w/o contrast			72170	Pelvis	
	74181	Abdomen w/o			71260	Chest w/contrast			71111	Ribs Bilat W/PA Chest	
	74182	Abdomen with			71250	Chest w/o			71100	Ribs Unilat 2 view	L R
	74183	Abdomen w/w/o			71270	Chest w/w/o			73010	Scapula	L R
	70551	Brain w/o			71270	Chest w/w/o High Res			72200	SI Joint, less than 3 views	L R
	70552	Brain with			71275	Chest PE Protocol			73030	Shoulder 2 view	L R
	70553	Brain w/w/o			73200	Extremities Upper w/o			70220	Sinuses 3 view	
	73721	Extremities Lower, Joint w/o	L R		73201	Extremities Upper w/contrast			70260	Skull 4 view	
	73722	Extremities Lower, Joint with	L R		73700	Extremities Lower w/o			70360	Soft Tissue Neck	
	73723	Extremities Lower, Joint w/w/o	L R		73701	Extremities Lower w/contrast			72050	Spine, Cervical 4 view	
	73718	Extremities Lower Non Joint w/o	L R		70486	Facial Bones w/o			72052	Spine, Cervical w/Flex/Ext	
	73719	Extremities Lower Non Joint with	L R		70480	Orbits w/o			72040	Spine, Cervical 2 view	
	73720	Extremities Lower Non Joint w/w/o	L R		72192	Pelvis w/o			72110	Spine, Lumbar Complete	
	73221	Extremities Upper Joint w/o	L R		72193	Pelvis w/contrast			72114	Spine, Lumbar w/Flex/Ext	
	73222	Extremities Upper Joint with	L R		72194	Pelvis w/w/o			72100	Spine, Lumbar 2 or 3 view	
	73223	Extremities Upper Joint w/w/o	L R		70486	Sinuses w/o			72072	Spine, Thoracic 3 view	
	73218	Extremities Upper Non Joint w/o	L R		72125	Spine, Cervical w/o			72070	Spine, Thoracic 2 view	
	73219	Extremities Upper Non Joint with	L R		72128	Spine, Thoracic w/o			71120	Sternum 2 view	
	73220	Extremities Upper Non Joint w/w/o	L R		72131	Spine, Lumbar w/o			73590	Tib/Fib 2 view	L R
	70551	IAC w/o			70480	Temporal Bones w/o			73660	Toe 2 view	L R
	70552	IAC with				<b>CTA</b>			73110	Wrist 3 view	L R
	70553	IAC w/w/o			70496	CTA Head				<b>MYELOGRAM</b>	
	70553	Pituitary w/w/o			74175	CTA Abdomen			72240	Cervical Myelogram	
	72195	Pelvis w/o			70498	CTA Neck			72126	CT Cervical Post Myelogram	
	72196	Pelvis with			72191	CTA Pelvis			72255	Thoracic Myelogram	
	72197	Pelvis w/w/o			75635	CTA Runoff			72129	CT Thoracic Post Myelogram	
	70543	Orbits w/w/o			71275	CTA Thoracic Aorta			72265	Lumbar Myelogram	
	72141	Spine, Cervical w/o			75574	Coronary			72132	CT Lumbar Post Myelogram	
	72156	Spine, Cervical w/w/o			75574	CACS			72270	Myelogram 2 or more regions	
	72146	Spine, Thoracic w/o				<b>X-RAY</b>				<b>ARTHROGRAM</b>	
	72157	Spine, Thoracic w/w/o			73050	AC Joints			73615	Arthrogram - Ankle	L R
	72148	Spine, Lumbar w/o			74022	Abdomen Series w/PA Chest			73580	Arthrogram - Knee	L R
	72158	Spine, Lumbar w/w/o			74020	Abdomen 2 or more views			73525	Arthrogram - Hip	L R
		<b>MRA</b>			73610	Ankle 3 view	L R		73542	Arthrogram SI Joint	L R
	74185	Abdomen with or without			73650	Calcaneus	L R		73722	MRI Lower Jt. Post Arthrogram	L R
	70544	Brain w/o			71020	Chest 2 view			73115	Arthrogram - Wrist	L R
	70545	Brain with			73000	Clavicle	L R		73085	Arthrogram - Elbow	L R
	70546	Brain w/w/o			73080	Elbow 3 view	L R		73040	Arthrogram - Shoulder	L R
	71555	Chest with or without contrast			70150	Facial Bones min 3 views			73222	MRI Upper Jt. Post Arthrogram	L R
	73725	Lower Ext. Run-off w/w/o			73550	Femur 2 view	L R			<b>LABS</b>	
	70547	Neck w/o			73140	Finger 2 view	L R			I-Stat	

Other procedures: \_\_\_\_\_ Date: \_\_\_\_\_  
 \_\_\_\_\_ Time: \_\_\_\_\_

Comments: \_\_\_\_\_

Physician Name (Print): \_\_\_\_\_ Physician Phone Number: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

## FILM CHECK OUT

Your Physician may request that you check out the films from your test.

To do this will require the following information:

1. A valid Driver's License or Photo ID.
2. The Name, Address and Office Phone Number of the Physician REQUESTING the films.
3. If the patient is under 18 years of age, a parent will be required to sign for the films.
4. A minor or adult under the care of a legal guardian is required to present a power of attorney.
5. Please call in advance before you pick up the films so we may have your films ready.
6. If someone other than the patient will be checking out the films, a letter from the patient giving permission to the person to pick up the films will be required along with a photo ID. All items in #2 above also apply.

## PLEASE BRING THESE ITEMS

- Driver's License/Photo ID
- Insurance Card
- Referral form (if needed)
- Signed Physician Order
- Insurance Co-Payment/Deductible
- List of Current Medications

**\* Payment due  
at time of registration**

## CHI ST. LUKE'S HEALTH HOSPITAL LOCATIONS

### Baylor St. Luke's Medical Center

6720 Bertner Avenue, Houston, TX 77030  
Phone: 832-355-8159 Opt. 3  
Fax: 832-355-8159

### Diagnostic & Treatment Center - Kirby Glen

2457 South Braeswood, Houston, TX 77030  
Phone: 832-355-0000 Opt. 3  
Fax: 832-355-7106

### Lakeside Hospital

17400 St. Luke's Way, The Woodlands, TX 77384  
Phone: 936-266-3200 Opt. 1  
Fax: 936-266-8500

### Springwoods Village Hospital

2255 East Mossy Oaks Road, Spring, TX, 77389  
Phone: 936-266-3200 Opt. 1  
Fax: 936-266-8500

### Sugar Land Hospital

1317 Lake Pointe Parkway, Sugar Land, TX 77478  
Phone: 281-637-7001  
Fax: 832-398-7701

### 6624 Fannin Tower

6624 Fannin Street, Houston, TX 77030  
Phone: 832-355-8120  
Fax: 832-355-1612

### The Vintage Hospital

20171 Chasewood Park Drive, Houston, TX 77070  
Phone: 832-534-5001 Opt. 1  
Fax: 832-398-7726

### The Woodlands Hospital

17200 St. Luke's Way, The Woodlands, TX 77384  
Phone: 936-266-3200 Opt. 1  
Fax: 936-266-8500

### Patients Medical Center

4600 East Sam Houston Pkwy S, Pasadena, TX 77505  
Phone: 713-378-8902  
Fax: 713-948-7120

## PATIENT PREPARATION REQUIRED FOR THE FOLLOWING TESTS

### CARDIOPULMONARY PROCEDURES

**EEG - No caffeine. Have clean/dry hair.**

**Sleep Deprived EEG - Call your facility for special instructions**

**Stress/ Nuclear Stress Test - Nothing to eat or drink after midnight. NO coffee/caffeine.**

Hold cardiac medications as directed by your doctor. Wear exercise attire/comfortable clothing.

**Pulmonary Function - No caffeine. Do not use inhalers/nebulizer treatment 4 hours before test**

**Echo/Vascular - No preparation.**

### RADIOLOGY PROCEDURES:

**CT Abdomen or CT Pelvis - Patient will be required to drink contrast prior to start of CT scan.**

**Myelogram- Nothing to eat or drink after midnight. NO coffee/caffeine.**

No blood thinning medications for 5 days prior to exam.

You must have someone to drive you home.