



NEUROLOGY

CONF # _____

PORT HURON

MEDICAL IMAGING ORDER FORM

Medical Imaging

MRI

Women's Wellness Place

Yale Community Health Ctr.

(810) 989-3270

(810) 989-3270

(810) 985-2663

(810) 387-3211

Fax (810) 987-6342

Fax (810) 987-6342

Fax (810) 989-3174

Fax (810) 387-2279

MRI Screening

810-989-1066

Appropriate Use Criteria (AUC)	
Vendor:	_____
AUC #:	_____
Score:	_____
Override Reason:	_____

Patient Name: _____ Allergies: _____
 Birthdate: _____ Date/Time of Exam: _____ STAT Routine

Reason for Exam	Exam Requested
<input type="checkbox"/> R40.4 Transient alteration of awareness	<input type="checkbox"/> 70450 CT Brain without Contrast (No Prep)
<input type="checkbox"/> G45.4 Transient global amnesia	<input type="checkbox"/> 70460 CT Brain with Contrast (Prep G, M)
<input type="checkbox"/> S09.90XA Head injury, unspecified	<input type="checkbox"/> 70470 CT Brain without and with Contrast (Prep G, M)
<input type="checkbox"/> R55. Syncope and Collapse	
<input type="checkbox"/> I67.89 Acute, ill-defined cerebrovascular disease	<input type="checkbox"/> 70551 MRI Brain without Contrast (Prep Q)
<input type="checkbox"/> G45.9 Unspecified TIA	<input type="checkbox"/> 70552 MRI Brain with Contrast (Prep Q)
<input type="checkbox"/> R56.9 Other convulsions, seizure	<input type="checkbox"/> 70553 MRI Brain with and without Contrast (Prep Q)
<input type="checkbox"/> R25.9 Abnormal involuntary movements (spasms, tics)	
<input type="checkbox"/> R26.9 Abnormality of gait	<input type="checkbox"/> 78803 NM DatScan Brain SPECT (Prep B, G)
<input type="checkbox"/> G35. Multiple sclerosis (known Dx.)	w/10 drops of Lugol's solution
<input type="checkbox"/> G91.1 Obstructive hydrocephalus (known Dx.)	Please call 810-989-1066 to schedule NM Dat Scan.
<input type="checkbox"/> H47.10 Papilledema, unspecified	
<input type="checkbox"/> R93.8 Abnormal radiologic findings, skull	
<input type="checkbox"/> G52.9 Unspecified disorder of cranial nerves	
<input type="checkbox"/> R22.0 Swelling, mass, lump in head or neck Specify: _____	
<input type="checkbox"/> R51. Headache Requires additional information Circle one: After head injury Unusual duration > 2 weeks not responding to medical therapy Sudden onset	
<input type="checkbox"/> G51.9 Facial nerve disorder (facial numbness/weakness)	
<input type="checkbox"/> R25.0 Tremor	
<input type="checkbox"/> H53.9 Visual disturbance, unspecified	<input type="checkbox"/> 70481 CT Orbit with Contrast Axial & Coronal (Prep G, M)
<input type="checkbox"/> H53.8 Blurred vision	<input type="checkbox"/> 70482 CT Orbit with and without Contrast (Prep G, M)
<input type="checkbox"/> R68.89 Abnormal physical findings	
<input type="checkbox"/> H93.19 Tinnitus	<input type="checkbox"/> 70480 CT IAC Axial & Recon Coronal without Contrast (No Prep)
<input type="checkbox"/> H91.90 Hearing loss	<input type="checkbox"/> 70481 CT IAC Axial & Recon Coronal with Contrast (Prep G, M)
<input type="checkbox"/> H93.3X9 Disorders of acoustic nerve	<input type="checkbox"/> 70543 MRI IAC (Prep Q)
<input type="checkbox"/> E23.7 Abnormal prolactin levels	<input type="checkbox"/> 70552 MRI Pituitary (Prep Q)
<input type="checkbox"/> E23.7 Abnormal pituitary lab levels: _____	<input type="checkbox"/> 70482 CT Pituitary with and without Contrast (Prep G, M)
<input type="checkbox"/> R09.89 Carotid Bruit	<input type="checkbox"/> 93880 US Carotid Duplex/Doppler Bilateral (Prep V)
<input type="checkbox"/> G45.9 TIA	<input type="checkbox"/> 93882 US Carotid Duplex/Doppler Unilateral R or L (Prep V)
<input type="checkbox"/> I63.50 Cerebral Artery Occlusion with Cerebral Infarction	<input type="checkbox"/> 70547 MRA Carotid/Vertebral Arteries (Prep Q)
<input type="checkbox"/> R55. Syncope	<input type="checkbox"/> 70544 MRA Brain (Prep Q)
<input type="checkbox"/> R22.0 Neck mass – swelling or lump L R	<input type="checkbox"/> 70491 CT Neck with Contrast (Prep G, M)
<input type="checkbox"/> M54.10 Radiculopathy L R Level: _____	<input type="checkbox"/> 72141 MRI C-Spine without Contrast (Prep Q)
<input type="checkbox"/> M54.9 Back pain unspecified	<input type="checkbox"/> 72156 MRI C-Spine with and without Contrast (Prep Q)
<input type="checkbox"/> M54.2 Cervicalgia (C-spine pain)	<input type="checkbox"/> 72146 MRI T-Spine without Contrast (Prep Q)
<input type="checkbox"/> M54.6 Thoracic spine pain	<input type="checkbox"/> 72157 MRI T-Spine with and without Contrast (Prep Q)
<input type="checkbox"/> M54.50 Low back pain, unspecified	<input type="checkbox"/> 72148 MRI L-Spine without Contrast (Prep Q)
<input type="checkbox"/> M54.30 Sciatica	<input type="checkbox"/> 72158 MRI L-Spine with and without Contrast (Prep Q)
<input type="checkbox"/> R93.7 Bony abnormality on plain films	<input type="checkbox"/> 72131 CT L-Spine w/o Contrast Level: _____ (No Prep)
	<input type="checkbox"/> 72125 CT C-Spine w/o Contrast Level: _____ (No Prep)
	<input type="checkbox"/> 72128 CT T-Spine w/o Contrast Level: _____ (No Prep)
<input type="checkbox"/> M54.12 Pain, brachial	<input type="checkbox"/> 71550 MRI Brachial Plexus without Contrast (Prep Q)
<input type="checkbox"/> M54.30 Sciatica	<input type="checkbox"/> 71552 MRI Brachial Plexus with and w/o Contrast (Prep Q)
<input type="checkbox"/> Other symptoms: _____	<input type="checkbox"/> 72197 MRI Lumbar Plexus without Contrast (Prep Q)
	<input type="checkbox"/> 72195 MRI Lumbar Plexus with and w/o Contrast (Prep Q)
	<input type="checkbox"/> 72050 XR Cervical Spine (No Prep)
	<input type="checkbox"/> 72072 XR Thoracic Spine (No Prep)
	<input type="checkbox"/> 72110 XR Lumbar Spine (No Prep)
<input type="checkbox"/> Z91.89 Pre MRI orbits	<input type="checkbox"/> 70030 XR Orbits - Pre MRI (No Prep)
<input type="checkbox"/> Z91.89 Pre MRI chest, previous thoracic surgery (epicardial leads)	<input type="checkbox"/> 70250 XR Skull Two View - Pre MRI (No Prep)
<input type="checkbox"/> Z91.89 Previous cranial surgery	<input type="checkbox"/> 71046 XR Chest Two View - Pre MRI (No Prep)
<input type="checkbox"/> Other symptoms: _____	
<input type="checkbox"/> M54.10 Radiculopathy L R Level: _____	
<input type="checkbox"/> M54.9 Back pain unspecified	<input type="checkbox"/> 72240/72126 Myelogram/CT C-Spine with contrast _____ (Prep G,O)
<input type="checkbox"/> M54.2 Cervicalgia (C-spine pain)	<input type="checkbox"/> 72265/72132 Myelogram/CT L-Spine with contrast _____ (Prep G,O)
<input type="checkbox"/> M54.6 Thoracic spine pain	<input type="checkbox"/> 72255/72129 Myelogram/CT T-Spine with contrast _____ (Prep G,O)
<input type="checkbox"/> M54.50 Low back pain, unspecified <input type="checkbox"/> M54.30 Sciatica	<input type="checkbox"/> 62270 Fluoro Guided Lumbar Puncture (Prep G,O)
<input type="checkbox"/> Other symptoms: _____	<input type="checkbox"/> Other: _____

Physician Signature: _____ BUN Creatinine

Attention Patient: Please see reverse side for exam preparation.