Baylor Scott & White
SURGICAL HOSPITAL AT SHERMAN
Joint ownership with physicians

Appt. Date: _____ **Time:** _____

Patient's Name: _____

DOB: _____ **Primary Phone#** _____

Ordering Physician: _____

☐ **STAT** _____
STAT Results Phone#

☐ **CD**

Physician Phone# _____ **Fax#** _____

Diagnosis/ICD-10 Codes: _____

Physician Signature: _____ **Date:** _____
No Stamps

Pre-Authorization service for Imaging available. Please send order, clinicals, demographics, and insurance.

Routine Radiology

No appointment necessary

		CPT
☐Skull Series 4 v or less		70260
☐Facial Bones Complete 70150	☐ limited	70140
☐Nasal Bones		70160
☐Sinuses Complete 70220	☐ waters	70210
☐Orbits Complete		70200
☐Neck Soft Tissue AP/LAT		70360
☐Bone Age		77072
☐Chest PA/LAT		71046
☐Metastatic Bone Survey		77075
☐Ribs Unilateral 2 Views	☐ Right ☐ Left	71100
☐Ribs Unilateral Incl. PA chest	☐ Right ☐ Left	71101
☐Ribs Bilateral 3 views		71110
☐Ribs Bilateral Incl PA Chest		71111
☐Sternum		71120
☐Abdomen/KUB		74108
☐Abdomen 2 Views Flat and Upright		74109
☐Acute Abd 2 views with chest		74022
☐Pelvis AP		72170
☐Sacrum ☐ Coccyx		72220
☐S.I. Joints 2 Views 72200	☐ 3+Views	72202
☐Hip AP/LAT	☐ Right ☐ Left	73502
☐Femur AP/LAT	☐ Right ☐ Left	73552
☐Knee AP/Lateral Views	☐ Right ☐ Left	73560
☐Knee 3 Views	☐ Right ☐ Left	73562
☐Tibia/Fibula	☐ Right ☐ Left	73590
☐Ankle 3 Views	☐ Right ☐ Left	73610
☐Foot Complete	☐ Right ☐ Left	73630
☐Calcaneus	☐ Right ☐ Left	73650
☐Toes 3 Views	☐ Right ☐ Left	73660
☐Cervical Spine	☐ 3 Views	72040
	☐ Complete	72050
☐Thoracic Spine	☐ 3 Views	72072
☐Lumbosacral Spine	☐ 3Views	72100
	☐ Complete	72110
☐Clavicle	☐ Right ☐ Left	73000
☐Shoulder Complete	☐ Right ☐ Left	73030
☐Humerus	☐ Right ☐ Left	73060
☐Forearm	☐ Right ☐ Left	73090
☐Elbow 3 Views	☐ Right ☐ Left	73080
☐Finger 3 Views	☐ Right ☐ Left	73140
☐Hand 3 Views	☐ Right ☐ Left	73130
☐Wrist 3 Views	☐ Right ☐ Left	73110
☐Wrist limited 2 Views	☐ Right ☐ Left	73100

Fluoroscopy

	CPT
☐Joint Injection _____	
☐Esophagram/ Barium Swallow	74220
☐Small Bowel Series	74250
☐Upper G.I. w/o Air Contrast	74240
☐Myelography Cervical	72240
☐Myelography Thoracic	72265
☐Myelography Lumbosacral	72265
☐CESI	63321
☐LESI	62323
☐Arthrogram _____	

EKG

	CPT
☐EKG 12 lead	93005

Ultrasound

	CPT
☐Abdomen Complete	76700
☐Abdomen Limited	76705
☐OB Limited	76815
☐OB 1st Trimester w/transvag if needed	76801
☐Obstetrical > 14 wks	76805
☐Fetal Biophysical Profile (w/non-stress testing)	76818
☐OB Transvag (if needed by radiologist)	76817
☐Retroperitoneal Comp (incl. kidneys and bladder)	76670
☐Pelvic Comp with transvag if needed	76856
☐Scrotum (Testicular)	76870
☐Thyroid	76536
☐Extremity Non-Vascular Complete	76881
☐Extremity Non-Vascular Limited	76882

Non-Invasive Vascular

	CPT
☐Carotid Doppler	93880
☐Dop. Peripheral Arterial Lim. ☐Upper ☐Lower ☐Bilat ☐ Right ☐ Left	
☐Dop. Peripheral Venous Lim. ☐Upper ☐Lower ☐Bilat ☐ Right ☐ Left	
☐Abdominal Aorta (includes lilac vasc)	93978
☐Renal Arteries Doppler	93975
☐Visceral Arteries Limited (SMA/Celiac)	93976
☐Other (Specify)	

CT Scan

	WO	CPT W	CPT WO/W
Brain	☐70450	☐70460	☐70470
Cervical Spine Bone	☐72125	☐72126	☐72127
Chest	☐71250	☐71260	☐71270
Extre. Upper: _____	☐73200	☐73201	☐73202
Extre Lower: _____	☐73700	☐73701	☐73702
Lumbar Spine	☐72131	☐72132	☐73133
Thoracic Spine	☐72128	☐72129	☐72130
Maxillofacial (ex. Sinus)	☐70486	☐70487	☐70488
Orb/Inn or Mid Ear	☐70480	☐70481	☐70482
Abdomen & Pelvis	☐74176	☐74177	☐74178
Abdomen	☐74150	☐74160	☐74170
Pelvis	☐72192	☐72193	☐72194
Neck (Soft Tissue)	☐70490	☐70491	☐70492
Sella/Temp Bone	☐70480	☐70481	☐70482
CTA Head		☐70496	
CTA Neck (Carotid)		☐70498	
CTA Chest - PE or acrta		☐71275	
CTA Abdomen		☐74175	
CTA Pelvis		☐72191	
CTA Abdomen & Pelvis		☐74174	
CTA Abd w/ Runoff		☐75635	
CTA Upper Extremity W _____		☐73206	
CTA Lower Extremity: _____		☐73702	
Cardiac: Calcium Score		☐75571	
CCTA or		☐75574	
w/FFR ICD: R93.1		☐75580	

Magnetic Resonance Imaging (MRI)

	WO	W	WOW
☐Brain ☐IAC ☐Pituitary	☐70551	☐70552	☐70553
Neck (Soft Tissue)	☐70540	☐70542	☐70543
Orbits	☐70540	☐70542	☐70543
Cervical Spine	☐72141	☐72142	☐72156
Thoracic Spine	☐72146	☐72147	☐72157
Lumbar Spine	☐72148	☐72149	☐72158
☐Abdomen ☐MRCP	☐74181	☐74182	☐74183
☐Pelvis ☐ Bony Pelvis	☐72195	☐72196	☐72197
Chest	☐71550	☐71551	☐71552
Extre. Upper Joint _____		☐Right	☐Left
	☐73221	☐73222	☐73223
Extre. Upper Non-Joint _____		☐Right	☐Left
	☐73218	☐73219	☐73220
Upper Extremity			
Shoulder ☐Right ☐Left	☐73221	☐73222	☐73223
Humerus ☐Right ☐Left	☐73218	☐73219	☐73220
Elbow ☐Right ☐Left	☐73221	☐73222	☐73223
Forearm ☐Right ☐Left	☐73218	☐73219	☐73220
Wrist ☐Right ☐Left	☐73221	☐73222	☐73223
Hand ☐Right ☐Left	☐73218	☐73219	☐73220
Extre. Lower Non-Joint _____		☐Right	☐Left
	☐73718	☐73719	☐73720
Extre. Lower Joint _____		☐Right	☐Left
	☐73721	☐73722	☐73723
Lower Extremity			
Hip ☐Right ☐Left	☐73721	☐73722	☐73723
Femur ☐Right ☐Left	☐73718	☐73719	☐73720
Knee ☐Right ☐Left	☐73721	☐73722	☐73723
Ankle ☐Right ☐Left	☐73721	☐73722	☐73723
Foot ☐Right ☐Left	☐73718	☐73719	☐73720
MRA Head		☐70545	☐70546
MRA Neck		☐70548	☐70549
MRA Chest		☐71555	
MRA Abdomen		☐74185	
MRA Pelvis		☐72198	
MRA Lower Ext: _____		☐73725	
MRA Upper Ext: _____		☐73225	

NON-INVASIVE CARDIOLOGY

	CPT
☐ ECHOCARDIOGRAM LIMITED	93308
☐ ECHOCARDIOGRAM COMPLETE	93306
☐ STRAIN (IF CLINICALLY INDICATED)	93356
☐ 3D (IF CLINICALLY INDICATED)	93319
☐ BUBBLE STUDY	
☐ DEFINITY (IMAGE ENHANCER)	
☐ TRANSESOPHAGEAL ECHOCARDIOGRAM (TEE)	93312
☐ CARDIOVERSION	92960
☐ STRESS ECHO	93350
☐ WALKING STRESS	93017

Other Exam (Specify): _____

_____

Scheduling Number 903.870.0797
Scheduling Fax Number 1.903.900.4639
Imaging Services 903.870.0987