

Patient's Name: _____ D.O.B: _____ Appointment Date & Time: _____
 Physician's Name: _____ Physician's Phone#: _____ Physician's Fax #: _____

CT (W = with and W/O = without contrast)

CTA (W IV) (specify area): _____
 CTV (W IV) (specify area): _____
 Brain W/O IV (70450) W & W/O IV (70470)
 Neck W IV (70491) W/O IV (70490) W & W/O IV (70492)
 Chest W IV (71260) W/O IV (71250) W & W/O IV (71270)
 Abdomen and Pelvis (W PO) W IV (74177) W/O IV (74176) W & W/O IV (74178)
 Abdomen and Pelvis (W/O PO) W IV (74177) W/O IV (74176) W & W/O IV (74178)
 Abdomen W PO W/O PO W IV (74160) W/O IV (74150) W & W/O IV (74170)
 Pelvis W PO W/O PO W IV (72193) W/O IV (72192) W & W/O IV (72194)
 CT Enterography (74178) / Virtual Colonoscopy W (74262) W/O (74261)
 Urogram (W & W/O IV) (74178) 3D (76377)
 Renal Stone Protocol (Abdomen & Pelvic W/O IV and W/O PO) (74176)
 Sinus / Facial / Maxillary Landmark (70486) W/O IV (70486) W IV (70487) 3D (76377)
 Spine (specify area): _____ W IV W/O IV 3D (76377)
 Upper Extremity RT W/O IV (73200) Lower Extremity RT W/O IV (73700)
 (specify area): LT W & W/O IV (73202) 3D (76377) (specify area): LT W & W/O IV (73702) 3D (76377)

Other Test/CPT Code: _____ **Diagnosis/Description:** _____

MRI (W = with and W/O = without contrast)

MRA (specify area): _____
 Brain W/O IV (70551) W & W/O IV (70553)
 Neck W/O IV (70540) W & W/O IV (70543)
 Abdomen MRCP (W/O IV) (74181) Enterography (74183, 72197) Urogram (W IV) (74183, 72197)
 Abdomen W/O IV (74181) W & W/O IV (74183)
 Pelvis Prostate W/O IV (72195) W & W/O IV (72197)
 Spine (specify area): _____ W/O IV W & W/O IV
 Fetal MRI (72195)
 Extremity RT LT
 (specify area): W/O IV W & W/O IV

Other Test: _____ **Diagnosis/Description:** _____

WOMEN'S SERVICES

Bone Densitometry DEXA (77080)
 Screening Mammography with 3D/Tomosynthesis (77067)
 Diagnostic Mammography with 3D/Tomosynthesis Bilateral (77066) RT (77065) LT (77065)
 Callback Mammogram additional views Bilateral (77066) RT (77065) LT (77065)
 Breast Ultrasound (76641) Bilateral RT LT PRN

BREAST MRI (W = WITH AND W/O = WITHOUT CONTRAST)

Breast MRI* Bil W & W/O IV (77049) W/O (77047) (Implant Leak)
 Breast MRI* UNI RT LT W & W/O IV (77048) W/O (77046)
 Breast Biopsy (single lesion) (19085) RT LT
 Breast Biopsy (each additional lesions) (+19086) RT LT Bilateral

For your patient's safety, please provide BUN and Creatinine results performed within the last 6 weeks for CT or MRI ordered with contrast.

BUN: **Creatinine:** **Date:**

SCREENING EXAMS (Check patient's Insurance for coverage.)

CT Cardiac Scoring (75571) CT Lung Screening (G0297) AAA Screening (76706) Body Fat Analysis (76499)

To schedule diagnostic appointments, call the Baptist Health Patient Scheduling line in **Dade at 786-573-6000** or **Broward at 954-837-1000** or use our appointment request form at Baptisthealth.net or email your request or send a photo of your prescription to appointments@baptisthealth.net

Instructions and Precautions: _____

Physician's Name: _____ Physician's Signature: _____ Date: _____ Time: _____



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ULTRASOUND		
<input type="checkbox"/> Drink 32 fl. oz. 1 hour prior	<input type="checkbox"/> Pelvic W Transvaginal (76856, 76830) <input type="checkbox"/> 3D (76377)	Do not drink or eat 8 hours prior
	<input type="checkbox"/> Pelvic (76856) <input type="checkbox"/> OB 1st Tri., TA (76801)	<input type="checkbox"/> Abdominal (76700) <input type="checkbox"/> RUQ (76705) <input type="checkbox"/> LUQ (76705)
<input type="checkbox"/> OB Complete (76805)	<input type="checkbox"/> Renal / Bladder (76770) <input type="checkbox"/> Bladder (76857)	<input type="checkbox"/> Abdominal Aorta (76775)
<input type="checkbox"/> Sonohysterogram (76831, 58340)	<input type="checkbox"/> Biophysical Profile (76819) <input type="checkbox"/> OB Level II (76811)	<input type="checkbox"/> Liver Doppler (76705, 93975)
<input type="checkbox"/> Neck (76536)	<input type="checkbox"/> Transvaginal only (76830) <input type="checkbox"/> 3D (76377)	<input type="checkbox"/> Liver Elastography US (76981)
<input type="checkbox"/> Thyroid (76536)	<input type="checkbox"/> Scrotum / Testes (76870) <input type="checkbox"/> W Doppler (93975)	
<input type="checkbox"/> Abdominal Wall (76705)	<input type="checkbox"/> Renal (76775) <input type="checkbox"/> Soft Tissue (specify area):	
<input type="checkbox"/> Other Test/CPT Code:	<input type="checkbox"/> Inguinal / Groin (76882) <input type="checkbox"/> OB Transvaginal (76817) <input type="checkbox"/> Axillary Ultrasound (76882)	Diagnosis/Description:

NUCLEAR MEDICINE / MOLECULAR IMAGING		
<input type="checkbox"/> Bone Scan (78306) <input type="checkbox"/> SPECT Bone Scan (78320)	<input type="checkbox"/> Bone Scan / Triple Phase (78315)	
<input type="checkbox"/> Renal Scan (78707) <input type="checkbox"/> Renal Lasix (78708)	<input type="checkbox"/> MUGA Scan (78472)	
<input type="checkbox"/> Thyroid Uptake Scan (78014)	<input type="checkbox"/> VQ Scan (78582)	
<input type="checkbox"/> Liver Spleen Scan (78215)	<input type="checkbox"/> Parathyroid SPECT (78071) <input type="checkbox"/> Parathyroid SPECT/CT (78072)	
<input type="checkbox"/> Hepatobiliary Scan <input type="checkbox"/> Plain (78226) <input type="checkbox"/> W EF/CCK (78227)	<input type="checkbox"/> Gastric Emptying (78264)	
<input type="checkbox"/> Other Test/CPT Code:	Diagnosis/Description:	

RADIOGRAPHY (PLAIN FILMS)		
<input type="checkbox"/> Chest PA & Lateral (71046) <input type="checkbox"/> KUB (74018)	<input type="checkbox"/> Extremity (specify area): <input type="checkbox"/> RT <input type="checkbox"/> LT	
<input type="checkbox"/> Sinus (70220) <input type="checkbox"/> Abdomen KUB Flat & Upright (74021)	<input type="checkbox"/> Extremity (specify area): <input type="checkbox"/> RT <input type="checkbox"/> LT	
<input type="checkbox"/> Scoliosis series complete (72031) <input type="checkbox"/> Pelvis (72170)		
<input type="checkbox"/> Spine (specify area):		
<input type="checkbox"/> Other Test/CPT Code:	Diagnosis/Description:	

FLUOROSCOPY			
<input type="checkbox"/> Esophagram (74220) <input type="checkbox"/> Upper GI Series (74240)	<input type="checkbox"/> Hysterosalpingogram (74740) <input type="checkbox"/> Small Bowel Series (74250)		
<input type="checkbox"/> Barium Enema (74270) <input type="checkbox"/> W Air (74280) <input type="checkbox"/> Gastrografin Enema (74270)	<input type="checkbox"/> IVP (74400) <input type="checkbox"/> VCUG (74455)		
<input type="checkbox"/> Other Test/CPT Code:	Diagnosis/Description:		

CARDIOLOGY		
<input type="checkbox"/> EKG (93005) <input type="checkbox"/> Holter Monitor (93225) <input type="checkbox"/> Echocardiogram w/ Doppler (93306)	<input type="checkbox"/> 2D ECHO only F-up LTD (93308)	<input type="checkbox"/> 2D Echo Doppler FU LTD (93308, 93321, 93325)
Diagnosis/Description:		

NON INVASIVE VASCULAR TESTING		
<input type="checkbox"/> Lower Extremity Arterial Duplex BIL (ABI) 93925 (93922) <input type="checkbox"/> Unilateral or LTD (93926)	<input type="checkbox"/> Carotid Duplex (93880)	
<input type="checkbox"/> Lower / Upper Extremity Arterial PVR at rest (Physiological) (93923)	<input type="checkbox"/> Aorto-Iliac Duplex (93978)	
<input type="checkbox"/> Upper Ext Art Unilateral or Limited (93931)	<input type="checkbox"/> Lower / Upper Extremity Venous Duplex (93970) <input type="checkbox"/> Unilateral or LTD (93971)	
<input type="checkbox"/> Upper Extremity Arterial Duplex Bil (Single level Physiological) 93930 (93922)		
<input type="checkbox"/> Lower / Upper Extremity Arterial PVR w exercise (Physiological) (93924)		
<input type="checkbox"/> Lower / Upper Extremity Arterial Duplex Imaging (93925 / 93930)		
Diagnosis/Description:		

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Baptist Diagnostic Center
15955 SW 96 Street, Suite 101 | <input type="checkbox"/> Baptist Outpatient Center
8950 North Kendall Drive, 2 nd Floor | <input type="checkbox"/> Baptist Health Medical Plaza (Tamiami Trail) 14660 SW 8 Street | <input type="checkbox"/> Baptist Health Medical Plaza (Pembroke Pines)
15885 Pines Boulevard |
| <input type="checkbox"/> Baptist Children's Diagnostic Center Located inside Baptist Health Medical Plaza (Country Walk) 13500 SW 152 Street | <input type="checkbox"/> Baptist Health Medical Plaza (Coral Gables) 10 Giralda Avenue | <input type="checkbox"/> Baptist Health Medical Plaza (Palmetto Bay) 8750 SW 144 Street | <input type="checkbox"/> Baptist Health Medical Plaza (Davie) 4741 South University Drive |
| <input type="checkbox"/> Baptist Mammography Center at Macy's The Falls
9100 SW 136 Street, 2 nd Floor | <input type="checkbox"/> Baptist Health Medical Plaza (Brickell) 2660 Brickell Avenue | <input type="checkbox"/> Baptist Health Medical Plaza (Doral) 9915 NW 41 Street | <input type="checkbox"/> Baptist Health Medical Plaza (Coral Springs)
6264 West Sample Road |
| <input type="checkbox"/> Baptist Hospital
8900 North Kendall Drive | <input type="checkbox"/> Baptist Health Medical Plaza (Westchester)
8840 Bird Road | <input type="checkbox"/> Baptist Health Medical Plaza (Miami Lakes) 14701 NW 77 Avenue | <input type="checkbox"/> Baptist Health Medical Plaza (Miami Beach)
709 Alton Road |
| <input type="checkbox"/> South Miami Hospital
U.S. 1 and SW 62 Avenue | <input type="checkbox"/> Doctors Hospital
5000 University Drive | <input type="checkbox"/> Homestead Hospital
Campbell Drive (SW 312 Street) and SW 147 Avenue | <input type="checkbox"/> Baptist Health Medical Plaza (Miami Beach)
709 Alton Road |
| | <input type="checkbox"/> Mariners Hospital
91500 Overseas Highway | <input type="checkbox"/> West Kendall Baptist Hospital
9555 SW 162 Avenue | <input type="checkbox"/> Miami Cancer Institute
8900 North Kendall Drive |

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