

Select patient's preferred location (exam may not be offered at preferred location): **HMH** **Spring Branch** **Pearland** **Bellaire**

Patient Name (Last, First): _____ Previous related imaging: Y / N If Yes, select location: Methodist / Other Location _____

DOB: _____ Gender: _____ Height: _____ Weight: _____ PICC/Ports/Midline: Y / N Specify Type: _____

Dx Code: _____ Reason for Exam: _____ Dialysis: Y / N Dialysis dates (circle one): Mon Wed Fri -or- Tues Thurs Sat _____

Insurance: _____ Is the pt coming from a facility? Y / N _____

Insurance ID#: _____ Insurance Group #: _____ Creatinine or EGFR: _____ Pregnant: Y / N Diabetes: Y / N _____

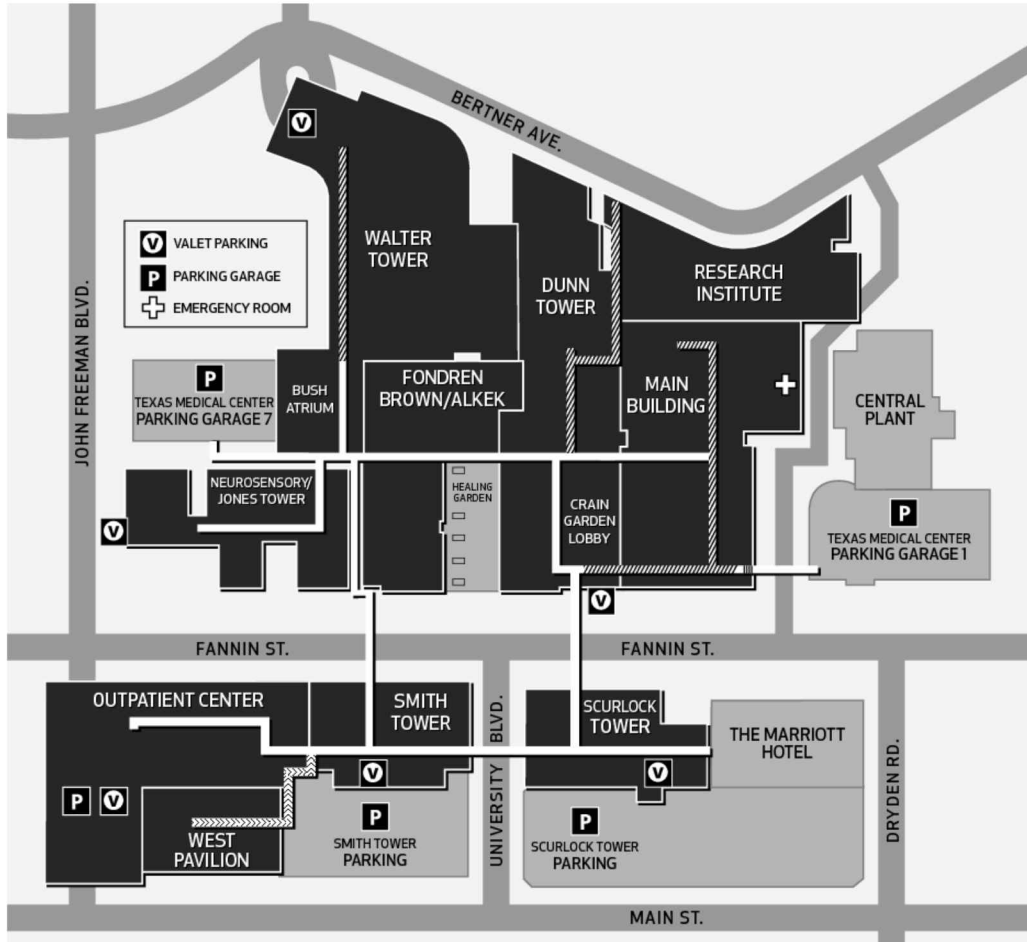
Insurance Subscriber Name & DOB: _____

Relationship to Patient: _____

X	CPT	CT	X	CPT	MRI	X	CPT	ULTRASOUND
	70450	CT BRAIN W/O CONTRAST		72156	MRI CERVICAL SPINE W/ & W/O CONTR		93970	VENOUS DOPPLER BILAT UP <input type="checkbox"/> LO <input type="checkbox"/>
	70480	CT ORBITS SELA EAR FOSA W/O CONTRAST		72157	MRI SPINE THORACIC W/ & W/O CONTRAST		93971	VENOUS DOPPLER R <input type="checkbox"/> L <input type="checkbox"/> UP <input type="checkbox"/> LO <input type="checkbox"/>
	70481	CT ORBITS SELA EAR FOSA W/ CONTRAST		72158	MRI LUMBAR SPINE W/ & W/O CONTRAST	X	CPT X-RAY DIAGNOSTIC	
	70482	CT ORBITS SELA EAR FOSA W/ & W/O CONTRAST		72195	MRI PELVIS W/O CONTRAST		74018	ABDOMEN 1 VIEW (KUB)
	70486	CT SINUSES/MAXILLOFACIAL W/O CONTRAST		72197	MRI PELVIS W/ & W/O CONTRAST		74019	ABDOMEN 2 VIEWS (FLAT/UPRIGHT)
	70491	CT NECK SOFT TISSUE W/ CONTRAST		73218	MRI UPPER EXTREMITY W/O CONTRAST R <input type="checkbox"/> L <input type="checkbox"/> Specify: _____		74022	ABDOMEN-ACUTE INCL. CHEST (PA/AP)
	70496	CTA HEAD W/ & W/O CONTRAST + POST PROCESSING		73220	MRI UPPER EXTREMITY W/ & W/O CONTRAST R <input type="checkbox"/> L <input type="checkbox"/> Specify: _____		73610	ANKLE 3 VIEWS R <input type="checkbox"/> L <input type="checkbox"/> BILAT <input type="checkbox"/>
	70498	CTA NECK W/O CONTRAST		73221	MRI UPPER EXTR. JOINT W/O CONTRAST R <input type="checkbox"/> L <input type="checkbox"/> Specify: _____		73040	ARTHROGRAM W/ IA GAD YES <input type="checkbox"/> NO <input type="checkbox"/>
	71250	CT CHEST W/O CONTRAST		73222	MRI UPPER EXTREMITY JOINT W/ CONTRAST R <input type="checkbox"/> L <input type="checkbox"/> Specify: _____		73085	R <input type="checkbox"/> L <input type="checkbox"/> Specify Joint: CIRCLE
	71260	CT CHEST W/CONTRAST		73222	MRI ELBOW W/ IA GAD R <input type="checkbox"/> L <input type="checkbox"/>		73115	SHOULDER HIP
	71275	CTA CHEST NONCORONARY W/ & W/O CONTRAST		73718	MRI LOWER EXTREMITY NON JOINT W/O CONTRAST R <input type="checkbox"/> L <input type="checkbox"/> Specify: _____		73525	ELBOW KNEE
	72125	CT CERVICAL SPINE W/O CONTRAST		73720	MRI LOWER EXTREMITY W/O CONTRAST R <input type="checkbox"/> L <input type="checkbox"/> Specify: _____		73580	WRIST ANKLE
	72126	CT CERVICAL SPINE W/ CONTRAST		73721	MRI LOWER EXTR. JOINT W/O CONTRAST R <input type="checkbox"/> L <input type="checkbox"/> Specify: _____		77080	BONE DENSITY AXIAL (DEXA)
	72128	CT THORACIC SPINE W/O CONTRAST		73722	MRI LOWER EXT. JOINT W/ CONTRAST R <input type="checkbox"/> L <input type="checkbox"/> Specify: _____		77081	BONE DENSITY-PERIPHERAL if clinically indicated on AXIAL
	72129	CT THORACIC SPINE W/ CONTRAST		73723	MRI LOWER EXT JOINT W/ CONTRAST R <input type="checkbox"/> L <input type="checkbox"/> Specify: _____		72040	CERVICAL SPINE 2 VIEWS (AP/LAT)
	72131	CT LUMBAR SPINE W/O CONTRAST		74181	MRI ABDOMEN W/O CONTRAST		72050	CERVICAL SPINE COMPLETE
	72132	CT LUM SPINE W/ CONTRAST		74183	MRI ABDOMEN W/ & W/O CONTRAST		72052	CERVICAL SPINE COMPLETE W/ FLEX/EXT
	72192	CT PELVIS W/O CONTRAST		77084	MRI BONE MARROW		71046	CHEST 2 VIEWS (PA/LAT)
	73200	CT UPPER EXTREMITY W/O CONTRAST R <input type="checkbox"/> L <input type="checkbox"/> Specify: _____	X	CPT ULTRASOUND			73070	ELBOW 2 VIEWS R <input type="checkbox"/> L <input type="checkbox"/> BILAT <input type="checkbox"/>
	73206	CTA UPPER EXTREMITY W/ & W/O CONTRAST R <input type="checkbox"/> L <input type="checkbox"/> Specify: _____		76700	ABDOMEN COMPLETE		74221	ESOPHAGRAM / BARIUM SWALLOW
	73700	CT LOWER EXTREMITY W/O CONTRAST R <input type="checkbox"/> L <input type="checkbox"/> Specify: _____		97975	ABDOMINAL DOPPLER		73552	FEMUR 2 VIEWS R <input type="checkbox"/> L <input type="checkbox"/> BILAT <input type="checkbox"/>
	73706	CTA LOWER EXT W/O CONTRAST R <input type="checkbox"/> L <input type="checkbox"/> Specify: _____		76775	ABDOMINAL AORTA		73630	FOOT 3 VIEWS R <input type="checkbox"/> L <input type="checkbox"/> BILAT <input type="checkbox"/>
	74150	CT ABDOMEN W/O CONTRAST		76705	GALLBLADDER		73090	FOREARM RADIUS-ULNA 2 VIEWS R <input type="checkbox"/> L <input type="checkbox"/> BILAT <input type="checkbox"/>
	74160	CT ABDOMEN W/ CONTRAST		76700	ABDOMINAL COMPLETE AND		73130	HAND 3 VIEWS R <input type="checkbox"/> L <input type="checkbox"/> BILAT <input type="checkbox"/>
	74170	CT ABDOMEN W/ & W/O CONTRAST		76891	LIVER ELASTOGRAPHY		73502	HIP 2 VIEWS (AP/LAT) R <input type="checkbox"/> L <input type="checkbox"/>
	74174	CTA ABD-PELVIS W/O CONTRAST		76536	THYROID		73522	HIPS BILATERAL W/ AP PELVIS (3-4 VIEWS)
	74175	CTA ABDOMEN W/ & W/O CONTRAST		76536	SOFT TISSUE: HEAD OR NECK ONLY		73060	HUMERUS 2 VIEWS R <input type="checkbox"/> L <input type="checkbox"/> BILAT <input type="checkbox"/>
	74175	CTA ABDOMEN W/ & WO CONTRAST		76775	PANCREAS TRANSPLANT		73562	KNEE 3 VIEWS R <input type="checkbox"/> L <input type="checkbox"/> BILAT <input type="checkbox"/>
	74176	CT ABDOMEN & PELVIS W/O CONTRAST		76770	RENAL (NATIVE)		73590	LEG (TIBIA-/FIBULA) 2 VIEWS R <input type="checkbox"/> L <input type="checkbox"/> BILAT <input type="checkbox"/>
	74177	CT ABDOMEN & PELVIS W/ CONTRAST		93975	RENAL & RENAL BLOOD FLOW		72100	LUMBAR SPINE 2 VIEWS (AP/LAT)
	74178	CT ABDOMEN & PELVIS W/ & W/O CONTRAST		76770	RENAL TRANSPLANT		72110	LUMBAR SPINE COMPLETE
				76776	BLADDER - PRE & POST VOID		72114	LUMBAR SPINE COMPLETE W/ FLEX/EXT
	70336	MRI TEMPOROMANDIBULAR JOINTS		76775	SCROTUM / TESTICULAR		70360	NECK (SOFT TISSUE)
	70540	MRI FACE NECK ORBITS FACE W/O CONTRAST		76870	PROSTATE		71100	RIBS UNILATERAL 2 VIEWS R <input type="checkbox"/> L <input type="checkbox"/>
	70543	MRI FACE,NECK, ORBITS W/ & W/O CONTRAST		76872	PROSTATE		73030	SHOULDER 2 VIEWS R <input type="checkbox"/> L <input type="checkbox"/> BILAT <input type="checkbox"/>
	70544	MRA HEAD W/O CONTRAST		76830	PELVIC COMPLETE TRANSVAGINAL &		72082	SPINE ENTIRE (SCOLIOSIS) (2-3 VIEWS)
	70547	MRA NECK W/O CONTRAST		76856	TRANSABDOMINAL		72072	THORACIC SPINE 3 VIEWS
	70551	MRI BRAIN/IIACS/PITUITARY W/O CONTRAST		76856	PELVIC TRANSABDOMINAL ONLY		74249	UGI W AIR/HD BA & SMALL BOWEL
	70553	MRI BRAIN/IIACS/PITUITARY W/O CONTRAST		76801	PREGNANCY <14 WKS & PREG		74246	UPPER GI W/ AIR GLUC HD BARIUM
	71550	MRI CHEST W/O CONTRAST		76817	TRANSVAGINAL		73110	WRIST 3 VIEWS R <input type="checkbox"/> L <input type="checkbox"/> BILAT <input type="checkbox"/>
	71552	MRI CHEST W/O CONTRAST & W/ CONTRAST		76805	PREGNANCY >14 WKS			
	72141	MRI CERVICAL SPINE W/O CONTRAST		93880	DUPLX SCAN EXTRACRANIAL BILAT CAROTID			
	72146	MRI THORACIC SPINE W/O CONTRAST		93925	ARTERIAL DPLX SCAN-LW EXT BIL UP <input type="checkbox"/> LO <input type="checkbox"/>			
	72148	MRI LUMBAR SPINE W/O CONTRAST		93926	ARTERIAL DOPPLER UNI R <input type="checkbox"/> L <input type="checkbox"/> UP <input type="checkbox"/> LOW <input type="checkbox"/>			

OTHER PROCEDURES / SPECIAL INSTRUCTIONS

Physician Name:	Physician NPI:	SCHEDULING PHONE 713.441.6550
Physician Signature:	Date & Time of Order:	SCHEDULING DEPT HOURS M-F 7AM-5PM
Physician's Phone #:	Physician's Fax #:	SCHEDULING FAX 713.791.5075
FOR ADDITIONAL SCRIPTS, Email HMHBusinessDevelopment@houstonmethodist.org		



You can access the Outpatient Center via the 2nd floor crosswalk from Smith Tower.

Ⓟ Parking Ⓟ Valet

SCHEDULE YOUR OUTPATIENT IMAGING APPOINTMENT ONLINE!



Schedule your imaging appointment online at houstonmethodist.org/online-scheduling or call 713.441.6550.

