

ALL IN ONE SERVICE

CT • PET/CT • ECHOCARDIOGRAM  
DIGITAL X-RAY • ULTRASOUND  
BONE DENSITY

MRI

Super Wal-Mart Plaza  
1193 Blackwood Ave.  
Ocoee, FL 34761  
PH: (407) OPENMRI (673-6674)  
Fax: (407) 656-4431



1.5 MRI & .7 OPEN MRI • CT • PET/CT • ULTRASOUND  
ECHOCARDIOGRAM • BONE DENSITY • DIGITAL X-RAY

West Orange Professional Center  
10125 W. Colonial Dr., Ste. 116  
Ocoee, FL 34761  
PH: (407) 522-5605  
Fax: (407) 522-5608

Patient's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Today's Date \_\_\_\_\_

Phone # (Home) \_\_\_\_\_ Phone # (Work) \_\_\_\_\_ Phone # (Cell) \_\_\_\_\_

\* Clinical Diagnosis / Symptoms (Required): \_\_\_\_\_

\* Physician's Signature (Required): \_\_\_\_\_ Appt. Date: \_\_\_\_\_ Time: \_\_\_\_\_

- OBTAIN INS. AUTH.       CALL PATIENT TO SCHEDULE       TRANSPORTATION
- OBTAIN PRIOR STUDIES

DIGITAL X-RAY (WALK IN ONLY)

- 74020 Abdominal Series (2V)
- 74022 Acute Abdominal Series (3V)
- 73610 Ankle L/R
- 71020 Chest (2V)
- 72050 C-Spine
- 72052 C-Spine w/Flex/Ext.
- 73080 Elbow L/R
- 73550 Femur L/R
- 73630 Foot L/R
- 73090 Forearm L/R
- 73130 Hand L/R
- 73510 Hip L/R
- 73060 Humerus L/R
- 73562 Knee L/R
- 74000 KUB
- 72110 L Spine (min. 4V)
- 72170 Pelvis
- 71110 Ribs - Bilat
- 71100 Ribs - Unilat L/R
- 73030 Shoulder L/R
- 70220 Sinus
- 70210 Sinus - LTD
- 70260 Skull
- 73590 Tib/Fib L/R
- 72070 T-Spine
- 73110 Wrist L/R
- Other \_\_\_\_\_

DEXA SCAN

- 77080 Bone Density, DEXA

MRI

- 74181 Abd wo/contrast
- 74183 Abd w/wo contrast
- 70551 Brain wo/contrast
- 70553 Brain w/wo contrast
- 77058 Breast Unilat
- 77059 Breast Bilat
- 72141 C-Spine w/o contrast
- 72156 C-Spine w/wo contrast
- 71550 Chest wo/contrast
- 71552 Chest w/wo contrast
- 72148 L-Spine wo/contrast
- 72158 L-Spine w/wo contrast
- 74181 MRCP
- 70540 Orbit, Face, Neck wo/contrast
- 70543 Orbit, Face, Neck w/wo contrast
- 72195 Pelvis wo/contrast
- 72197 Pelvis w/wo contrast
- 70336 T.M.J.
- 72146 T-Spine wo/contrast
- 72157 T-Spine w/wo contrast

- 73221 Upper Ext. (joint) L/R w/o  
    \_\_\_elbow, \_\_\_shoulder, \_\_\_wrist
- 73218 Upper Ext. (non joint) L/R w/o  
    \_\_\_hand, \_\_\_forearm, \_\_\_humorous
- 73220 Upper Ext. (non joint) L/R w/wo  
    \_\_\_hand, \_\_\_forearm, \_\_\_humorous
- 73721 Lower Ext. (joint) L/R w/o  
    \_\_\_ankle, \_\_\_hip, \_\_\_knee
- 73718 Lower Ext. (non joint) L/R w/o  
    \_\_\_femur, \_\_\_foot, \_\_\_tib/fib, \_\_\_toes
- 73720 Lower Ext. (non joint) L/R w/wo  
    \_\_\_femur, \_\_\_foot, \_\_\_tib/fib, \_\_\_toes
- Arthrogram \_\_\_\_\_
- Other \_\_\_\_\_

MRA

MRV

- 70544 Head wo/contrast w/recon (COW)
- 70549 Neck/Carotid/Vertebrales  
    w/wo contrast w/recon
- 71555 Chest w/wo contrast w/recon
- 73225 Upr. Ext. w/wo contrast w/recon
- 74185 Abd w/wo contrast w/recon
- 73725 Lower Ext. w/wo contrast w/recon
- Other \_\_\_\_\_

CT SCAN

- 74150 Abd wo/contrast
- 74170 Abd w/wo contrast
- 70450 Brain wo/contrast
- 70470 Brain w/wo contrast
- 71250 Chest wo/contrast
- 71260 Chest w/contrast
- 71270 Chest w/wo contrast
- 72125/76377 C-Spine wo/contrast w/recon
- 70482 IAC's, Orbits, Pituitary w/wo contrast
- 74170/72194 **IVU**  
    (ABD/PEL w/wo contrast)
- 72131/76377 L-Spine wo/contrast w/recon
- 72192 Pelvis wo/contrast
- 72193 Pelvis w/contrast
- 72194 Pelvis w/wo contrast
- 70486 Sinus (Maxiofacial) wo/contrast
- 70491 Soft Tissue Neck w/contrast
- 72128/76377 T-Spine wo/contrast w/recon
- 74150/72192 Urogram (ABD/PEL w/o contrast)
- 73200/76377 Upper Ext. wo/contrast w/recon  
    L/R \_\_\_elbow, \_\_\_forearm, \_\_\_hand,  
    \_\_\_humorous, \_\_\_shoulder, \_\_\_wrist
- 73700/76377 Lower Ext. w/o contrast w/recon  
    L/R \_\_\_ankle, \_\_\_femur, \_\_\_foot,  
    \_\_\_hip, \_\_\_knee \_\_\_tib/fib
- Other \_\_\_\_\_

CTA (CONTRAST REQUIRED)

- 74175 CTA Abdomen
- 75635 CTA Abdominal Aorta & Bilateral  
    Lower Extremity Runoff
- 71275 CTA Chest-Pulmonary
- 71275 CTA Chest-Thoracic Aorta
- 70496 CTA Head (COW)
- 70498 CTA Neck (Carotids)
- 73206 CTA Upper Extremity L/R
- 73706 CTA Lower Extremity L/R
- 72191 CTA Pelvis

ULTRASOUND

- 76705 Abd, Single Organ/Quadrant
- 76700 Abd Total
- 93930 Arterial Upper Ext. - Bilat.
- 93931 Arterial Upper Ext. - Unilat. L/R
- 93925/93922 Arterial Lower Ext.-  
    w/ABI's Bilat.
- 93926/93922 Arterial Lower Ext.-  
    w/ABI's Unilat. L/R
- 76645 Breast L/R
- 93880 Carotid
- 76880 Extremity, Non Vascular L/R
- 76801 OB - 1st Trimester
- 76805 OB - After 1st Trimester
- 76856 Pelvic - Transabdominal
- 76830 Pelvic - Transvaginal
- 76857 U/S Bladder
- 76872 Transrectal U/S of Prostate
- 76770 Renal
- 76770/93975 Renal/Aorta w/Doppler
- 76870/93975 Scrotum w/Doppler
- 76536 Thyroid
- 93970 Venous (Upr. or Lower) Bilat. Ext.
- 93971 Venous (Upr. or Lower) Unil. Ext. L/R
- Other \_\_\_\_\_

PET-CT SCAN

- 78815 PET-CT Skull to Mid-Thigh
- 78816 PET-CT Whole body (Melanoma)
- 78608 PET-CT Brain
- Other \_\_\_\_\_

Diagnosis \_\_\_\_\_

Staging \_\_\_\_\_

Restaging \_\_\_\_\_

# MAPS TO WESTCOAST RADIOLOGY OFFICE

**UPPER ABDOMEN ULTRASOUND:** Nothing by mouth after midnight or for 6 hours prior to appointment.

**ABDOMINAL ULTRASOUNDS CAN TAKE MEDS WITH WATER.**

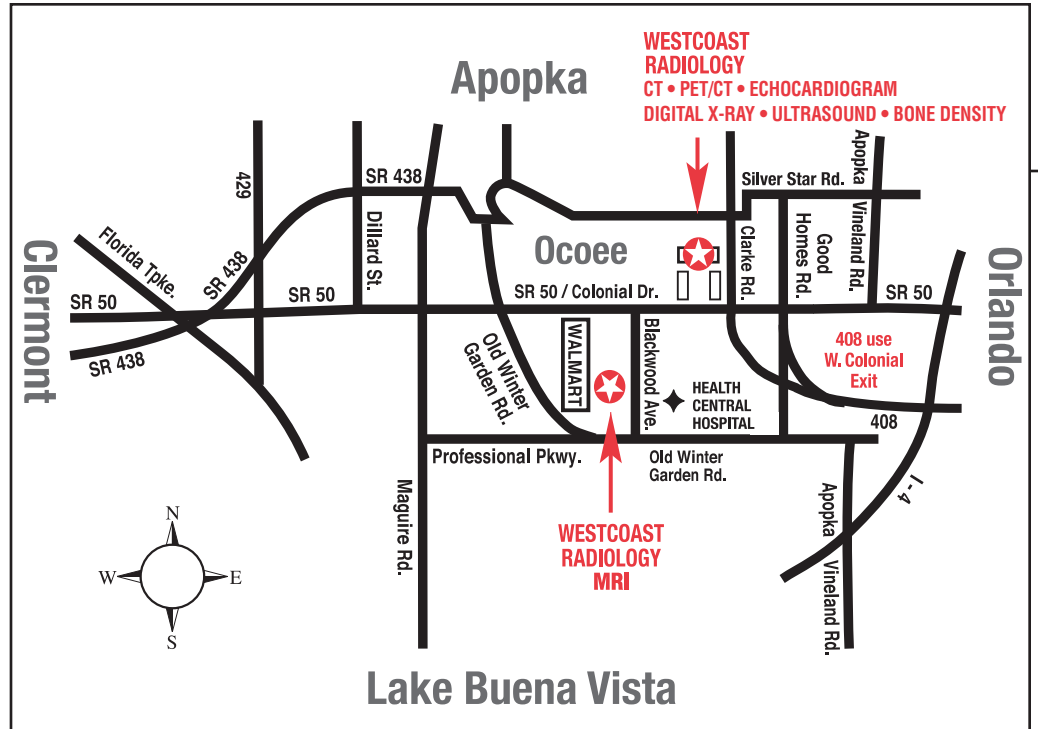
**PELVIC & BLADDER ULTRASOUND:** Complete drinking 36 ounces or 4 glasses of clear liquid one hour prior to exam in order to fill bladder. **DO NOT** urinate before examination.

**PROSTATE ULTRASOUND:** Take a Fleet Enema two hours prior to your examination.

**ALL OBSTETRIC:** Needs full bladder.

## DIAGNOSTIC CODES (ICD-9)

- |                                 |                              |                                 |                             |
|---------------------------------|------------------------------|---------------------------------|-----------------------------|
| <input type="checkbox"/> 441.4  | A.A.A.                       | <input type="checkbox"/> 786.09 | Respiratory Abnormality     |
| <input type="checkbox"/> 789.00 | Abdomen Pain                 | <input type="checkbox"/> 714.0  | Rheumatoid Arthritis        |
| <input type="checkbox"/> 789.07 | Abdo Pain Generalized        | <input type="checkbox"/> 727.61 | Rotator Cuff Injury         |
| <input type="checkbox"/> 461.9  | Acute Sinusitis              | <input type="checkbox"/> 724.3  | Sciatica                    |
| <input type="checkbox"/> 724.5  | Back Pain                    | <input type="checkbox"/> V76.12 | Screen Breast               |
| <input type="checkbox"/> 490    | Bronchitis                   | <input type="checkbox"/> 782.0  | Skin Sensation Disturb      |
| <input type="checkbox"/> 428.0  | C.H.F.                       | <input type="checkbox"/> 336.9  | Spinal Cord Disease         |
| <input type="checkbox"/> 592.0  | Calculus Kidney              | <input type="checkbox"/> 724.02 | Spinal Stenosis Lumbar      |
| <input type="checkbox"/> 492.3  | Cardiomegaly                 | <input type="checkbox"/> 840.9  | Sprain-Arm, Shoulder        |
| <input type="checkbox"/> 722.4  | Cervical Disc Degeneration   | <input type="checkbox"/> 840.4  | Sprain-Rotator Cuff         |
| <input type="checkbox"/> 722.0  | Cervical Disc Displacement   | <input type="checkbox"/> 784.2  | Swelling-Head, Neck         |
| <input type="checkbox"/> 721.0  | Cervical Spondylosis         | <input type="checkbox"/> 729.81 | Swelling-Limb               |
| <input type="checkbox"/> 723.0  | Cervical Stenosis            | <input type="checkbox"/> 780.2  | Syncope/Collapse            |
| <input type="checkbox"/> 723.1  | Cervicalgia                  | <input type="checkbox"/> 836.0  | Tear-Knee - Meniscus Medial |
| <input type="checkbox"/> 786.6  | Chest Swelling/Mass          | <input type="checkbox"/> 307.81 | Tension Headache            |
| <input type="checkbox"/> 574.20 | Cholelithiasis               | <input type="checkbox"/> 435.9  | Trans Cereb Ischemia        |
| <input type="checkbox"/> 473.9  | Chronic Sinusitis            | <input type="checkbox"/> 593.4  | Ureteric Obstruction        |
| <input type="checkbox"/> 564.0  | Constipation                 | <input type="checkbox"/>        | Other _____                 |
| <input type="checkbox"/> 786.2  | Cough                        |                                 |                             |
| <input type="checkbox"/> 434.91 | CVA                          |                                 |                             |
| <input type="checkbox"/> 611.72 | Breast, Lump, Swelling, Mass |                                 |                             |
| <input type="checkbox"/> 780.4  | Dizziness, Giddiness         |                                 |                             |
| <input type="checkbox"/> 785.6  | Enlargement Lymph Nodes      |                                 |                             |
| <input type="checkbox"/> 780.6  | Fever                        |                                 |                             |
| <input type="checkbox"/> 784.0  | Headache                     |                                 |                             |
| <input type="checkbox"/> 599.7  | Hematuria                    |                                 |                             |
| <input type="checkbox"/> 401.9  | Hypertension                 |                                 |                             |
| <input type="checkbox"/> 959.5  | Injury-Finger                |                                 |                             |
| <input type="checkbox"/> 950.01 | Injury-Head                  |                                 |                             |
| <input type="checkbox"/> 431    | Inter Hemmorage - Head       |                                 |                             |
| <input type="checkbox"/> 719.06 | Joint Effusion - Knee        |                                 |                             |
| <input type="checkbox"/> 722.10 | Lum Disc Displacement        |                                 |                             |
| <input type="checkbox"/> 724.2  | Lumbago                      |                                 |                             |
| <input type="checkbox"/> 847.2  | Lumbar Strain                |                                 |                             |
| <input type="checkbox"/> 724.4  | Lumbosacral Neuritis         |                                 |                             |
| <input type="checkbox"/> 202.80 | Lymphoma                     |                                 |                             |
| <input type="checkbox"/> 346.9  | Migrane                      |                                 |                             |
| <input type="checkbox"/> 847.0  | Neck Sprain                  |                                 |                             |
| <input type="checkbox"/> 729.2  | Neuralgia/Neuritis           |                                 |                             |
| <input type="checkbox"/> 357.4  | Neuropathy                   |                                 |                             |
| <input type="checkbox"/> 433.10 | Occ Ca w/o Infarction        |                                 |                             |
| <input type="checkbox"/> 433.3  | Occ Multi w/o Infarction     |                                 |                             |
| <input type="checkbox"/> 715.96 | Osteoarthros Knee            |                                 |                             |
| <input type="checkbox"/> 715.91 | Osteoarthros Shoulder        |                                 |                             |
| <input type="checkbox"/> 715.98 | Osteoarthros-Nos             |                                 |                             |
| <input type="checkbox"/> 719.43 | Pain-Forearm/Wrist           |                                 |                             |
| <input type="checkbox"/> 719.44 | Pain-Hand                    |                                 |                             |
| <input type="checkbox"/> 719.46 | Pain-Knee                    |                                 |                             |
| <input type="checkbox"/> 729.5  | Pain-Limb                    |                                 |                             |
| <input type="checkbox"/> 719.45 | Pain-Pelvis                  |                                 |                             |
| <input type="checkbox"/> 719.41 | Pain-Shoulder                |                                 |                             |
| <input type="checkbox"/> 724.1  | Pain-Thoracic                |                                 |                             |
| <input type="checkbox"/> 786.50 | Pain-Chest                   |                                 |                             |
| <input type="checkbox"/> 514    | Pul Edema                    |                                 |                             |



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