



- Clearwater - Lincourt Medical Center**
501 S. Lincoln Ave. • Phone: (727) 446-6760 • Fax: (727) 441-2465
- Palm Harbor - Venetian Plaza**
36463 U.S. Hwy. 19 N. • Phone: (727) 771-2795 • Fax: (727) 786-7265
- Trinity**
2040 Short Ave., Ste. 103 • Phone: (727) 835-1450 • Fax: (727) 835-1470
- St. Petersburg**
3451 66th Street N., Ste. B • Phone: (727) 347-4674 • Fax: (727) 344-0144

Patient's Name _____ Date of Birth _____ Today's Date _____

Phone # (Home) _____ Phone # (Work) _____ Phone # (Cell) _____

* Clinical Diagnosis / Symptoms (Required): _____

Appt. Date: _____ Time: _____ Physician's Name (Print) _____ Physician's Signature _____

OBTAIN INS. AUTH. **CALL PATIENT TO SCHEDULE** **TRANSPORTATION**

WALK IN ONLY (X-RAY)

- 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.
- 72052 C-Spine (7V)
- 73080 Elbow L/R
- 73550 Femur L/R
- 73630 Foot L/R
- 73090 Forearm L/R
- 73130 Hand L/R
- 73510 Hip L/R
- 73520 Hips - Bilateral
- 73060 Humerus L/R
- 73562 Knee L/R
- 74000 KUB
- 72100 L Spine (2 or 3 views)
- 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 _____

GENERAL X-RAY

DEXA SCAN

- 74415 IVP
- 77080 Bone Density, DEXA

CT SCAN

- 74150 Abd wo/contrast
- 74160 Abd w/contrast
- 74170 Abd w/wo contrast
- 74176 CT Ab wo/contrast and CT Pelvis wo/contrast
- 74177 CT Ab w/contrast and CT Pelvis w/contrast
- 74178 CT Ab w/wo contrast and CT Pelvis w/contrast
- 74178 CT Ab w/contrast and CT Pelvis w/wo contrast
- 74178 CT Ab w/wo contrast and CT Pelvis 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
- 74170/72194 Enterography
- 70480 IAC's, Orbits, Pituitary wo/ contrast
- 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
- 70488 Sinus (Maxiofacial) w/wo contrast
- 70490 Soft Tissue Neck 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)

- 75574 CTA Cardiac w/CT Chest
- 71275 CTA Chest-Pulmonary
- 71275 CTA Chest-Thoracic Aorta
- 70496 CTA Head (COW)
- 70498 CTA Neck (Carotids)
- 74174 CTA Abdomen and Pelvis
- 74175 CTA Abdomen
- 72191 CTA Pelvis
- 75635 CTA Abdominal Aorta & Bilateral Lower Extremity Runoff

MRI

- 74181 Abd wo/contrast
- 74183 Abd w/wo contrast
- 70551 Brain wo/contrast
- 70553 Brain w/wo contrast
- 72141 C-Spine w/o contrast
- 72156 C-Spine w/wo contrast
- 72141 C-Spine Flex/Extension
- 71550 Chest wo/contrast
- 71552 Chest w/wo contrast
- 70553 IAC or Pituitary
- 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 _____

BREAST MRI PROCEDURES

- 77059 Bilateral w/wo contrast
- 77058 Unilateral w/wo contrast

MAMMOGRAPHY

- G0202/77052 Digital Screening Plus CAD
- G0206/77051 Digital Uni DX Plus CAD
- G0204/77051 Digital Bilat DX Plus CAD

ECHOCARDIOGRAM

- 93306 Echo, Dop. Echo
w/pulse/sect wave and color flow
- 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
- 76881 Complete Extremity Non-Vascular/Complete
- 76882 Limited Extremity Non-Vascular/Limited
- 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 Retroperitoneal (Kidney, Abd Aorta, IVC)
- 76770/93975 Renal/Aorta w/Doppler
- 76775 Retroperitoneal Limited (Kidney or Aorta)
- 76870/93975 Scrotum w/Doppler
- 76536 Thyroid
- 93970 Venous (Upr. or Lower) Bilat. Ext.
- 93971 Venous (Upr. or Lower) Unil. Ext. L/R
- Other _____

NUCLEAR MEDICINE

- 78306/A9503 Bone Scan Whole Body
- 78300/A9503 Bone Scan Limited
- 78315/A9503 Triple Phase Bone Scan
- 78320/A9503 Bone Spect
- 78607/A9521 Brain Spect
- 78264/A9541 Gastric Emptying _____Solid or _____Liquid HIDA
- 78226
- 78227/J2805/A9510 HIDA w/EF
- 78220/A9510 Hepatobiliary Scan
- 78215/A9541 Liver/Spleen Scan
- 78206/A9560 Liver Spect
- 78290/A9512 Meckels Scan
- 78472/A9560 MUGA Scan w/ejection fraction
- 78070/A9500 Parathyroid
- 78707/A9562 Renal Scan
- 78708/A9562 Renal Scan w/Pharm Intervention
- 78761/A9512 Testicular Scan
- 78006/A9516 Thyroid Uptake & Scan (I123)
- 78010/A9512 Thyroid Scan only (Technetium)
- 78018/A9509 WB I123 Thyroid Scan
- 78452/A9500/A9505/93015 Cardiac Stress Test
_____Medicine Induced (J2785) or _____Treadmill
- Other _____

PET-CT SCAN

- 78815 PET-CT Skull to Mid-Thigh (Oncology)
- 78816 PET-CT Whole Body (Oncology)
- 78608 PET-CT Brain (Neurology)
- 78815 PET-CT Bone Scan Skull to Mid-Thigh (Bone Metastasis)
- 78816 PET-CT Bone Scan Whole Body (Bone Metastasis)
- 78492/93015/A9555/J2785 PET-CT Cardiac Perfusion
- 78459 PET-CT Cardiac Viability
- Other _____

PET Initial _____

PET Subsequent _____

www.westcoastradiology.net

PREPARATION INSTRUCTIONS:

MAMMOGRAM: No deodorant, perfume, powder, lotion or creams.

I.V.P.: On the day prior to your examination begin following the instructions accompanying the preparation packet.

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.

CT SCANS WHICH REQUIRE IV CONTRAST:

- Fasting (4 hours) Required
- Patient is allowed to continue taking Rx medications with water

CARDIAC CTA:

1st Dose: 11 hours prior to scan time 50 mg Beta Blocker.

2nd Dose: 1 1/2 hours before scan time 50 mg Beta Blocker.

PET/CT & NUCLEAR MEDICINE CARDIAC STRESS TEST: **If treadmill exercise is ordered,** No caffeine (24 hours). Nothing by mouth for 4 hours. No Beta blockers (48 hours), No Calcium Channel Blockers (24 hours), No Nitrates (12 hours). **If pharmacological stress test is ordered,** No caffeine (24 hours). Nothing by mouth for 4 hours. No Aminophylline/Theophylline products (24 hours). Changes or discontinued medications for this exam are at the discretion of the referring physician.

PET/CT: 6 hours prior nothing by mouth except for water (please hydrate). Medication okay, but no Insulin 4 hours prior to exam.

MTBI/BRAIN SPECT: No caffeine, alcohol, narcotics, or smoking for 24 hours. No anti-anxiety medication or muscle relaxers for 24 hours. No eating or drinking anything for 6 hours prior to exams requiring sedation.

NUCLEAR MEDICINE:

Gastric & Hida Scans: No narcotics or sedatives and nothing by mouth for 6 hours prior to exam.

Liver/Liver SPECT/Spleen Scan: No barium studies 48 hours prior to exam.

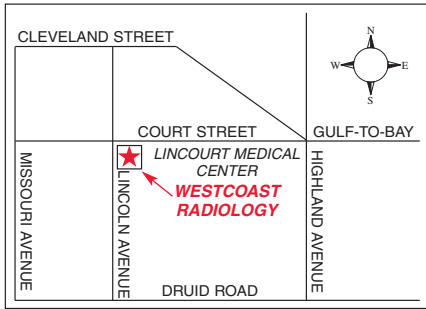
Renal Scans: Hydrate the day of the exam 24 oz of water 30-60 minutes prior to exam.

Thyroid Uptake & Scan: Nothing by mouth for 4 hours prior to exam. No foods or vitamins containing iodine for 24 hours prior to exam.

No radiologic exams containing iodine contrast for 3-4 weeks prior to exams.

☐ Clearwater

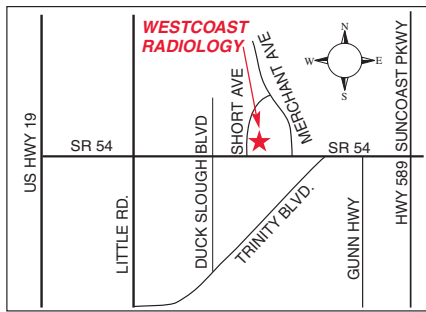
Lincourt Medical Center



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☐ Trinity

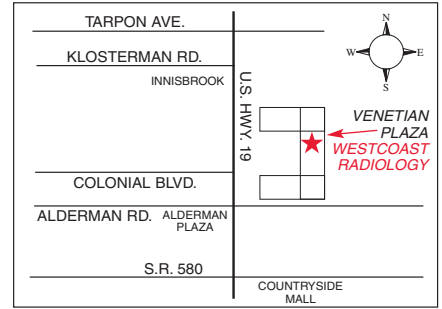


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☐ Palm Harbor

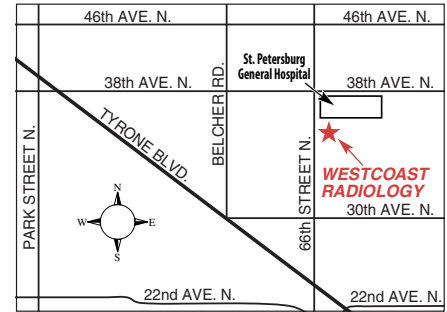
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MAPS TO WESTCOAST RADIOLOGY OFFICES

DIAGNOSTIC CODES (ICD-9)

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