

Palm Harbor
Venetian Plaza
36463 U.S. Hwy. 19 N.
Phone: (727) 771-2795
Fax: (727) 786-7265



3T MRI • 7 OPEN MRI • CT • PET/CT • NUCLEAR MEDICINE • DIGITAL X-RAY
DIGITAL MAMMOGRAPHY • ECHOCARDIOGRAM • ULTRASOUND • BONE DENSITY

Clearwater
Lincourt Medical Center
501 S. Lincoln Ave.
Phone: (727) 446-6760
Fax: (727) 441-2465

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

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

* Clinical Diagnosis / Symptoms (Required): _____

Appt. Date: _____ Time: _____ 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.
- 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 _____

GENERAL X-RAY

- 74415 IVP (Clearwater Only)

DEXA SCAN

- 77080 Bone Density, DEXA

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
- 71225/76377 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,
___humeral, ___shoulder, ___wrist
- 73700/76377 Lower Ext. w/o contrast w/recon
L/R ___ankle, ___femur, ___foot,
___hip, ___knee ___tib/fib
- Other _____

CTA (CONTRAST REQUIRED)

- 71275 CTA Cardiac w/CT Chest
- 71275 CTA Chest-Cardiac
- 71275 CTA Chest-Pulmonary
- 71275 CTA Chest-Thoracic Aorta
- 70496 CTA Head (COW)
- 70498 CTA Neck (Carotids)
- 73206 CTA Upper Extremity L/R
- 74175 CTA Abdomen
- 72191 CTA Pelvis
- 73706 CTA Lower Extremity
- 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
- 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, ___humeral
- 73220 Upper Ext. (non joint) L/R w/wo
___hand, ___forearm, ___humeral
- 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/Vertebrals
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
- G0202/77052 Digital Screening Plus CAD
- G0206/77051 Digital Uni DX Plus CAD
- G0204/77051 Digital Bilat DX Plus CAD

MAMMOGRAPHY

ECHOCARDIOGRAM

- 93307/93320/93325 Echo, Dop. Echo
w/pulsect wave and color flow

ULTRASOUND

- 76775 Abd Aorta
- 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
- 76775 Kidney U/S
- 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
- 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 Bone Scan Whole Body
- 78300 Bone Scan Limited
- 78315 Triple Phase Bone Scan
- 78320 Bone Spect
- 78607 Brain Spect
- 78264 Gastric Emptying ___Solid or ___Liquid
- 78223 HIDA or HIDA w/gallbladder
ejection fraction
- 78215 Liver/Spleen Scan
- 78205 Liver Spect
- 78290 Meckels Scan
- 78472 MUGA Scan w/ejection fraction
- 78070 Parathyroid
- 78708 Renal Scan: ___w/Lasix ___w/Captopril
- 78761 Testicular Scan
- 78465/78478/78480 Cardiac Stress Test
Medicine Induced or ___Treadmill
- 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 _____

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.

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.

CARDIAC PREPARATION: Patient is to have no caffeine and no smoking 12 hours prior to exam. No solid foods 4 hours prior to exam. Patient to take all medications as prescribed.

NUCLEAR MEDICINE:

Gastric & Hida Scans: Nothing by mouth after Midnight or for 4 hours prior to appointment.

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

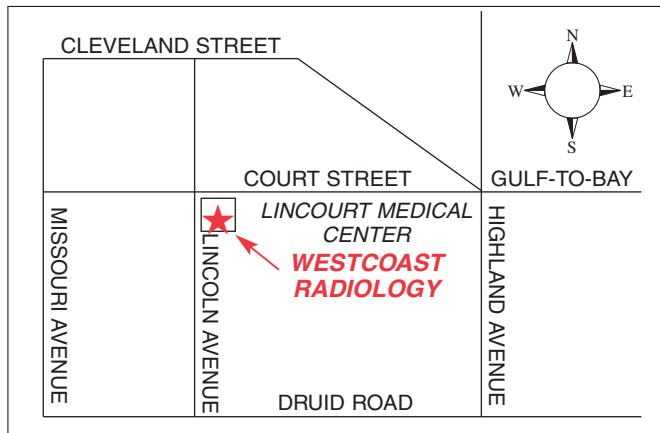
Renal Scans: Hydrate the day of the exam 24 oz of water 30-60 minutes prior to exam. **For captopril only** - discontinue any ace inhibitors 48 hours prior to exam.

Cardiac Perfusion: Nothing by mouth after Midnight. No caffeine a minimum of 24 hours before exam.

MAPS TO WESTCOAST RADIOLOGY OFFICE

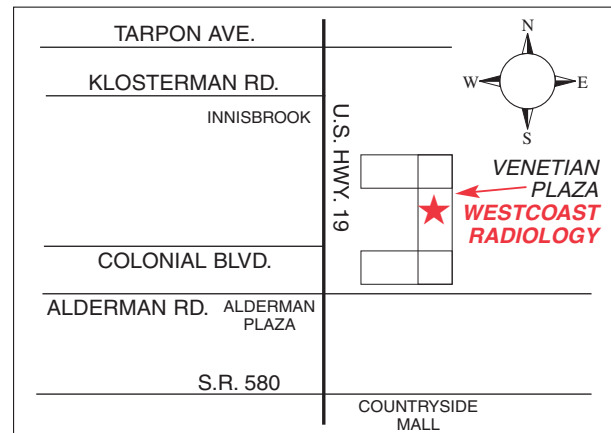
Clearwater

Lincourt Medical Center



Palm Harbor

Venetian Plaza



DIAGNOSTIC CODES (ICD-9)

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