Patient Name _____ DOB _____
Primary Care Physician _____ Primary Insurance _____
Ordering Physician _____ Ins. # _____
Ordering Physician Office Phone Number _____ Secondary Ins. _____
ICD−10 and Diagnosis _____ Secondary Ins.# _____
_____ Pre−Cert #/Pre−Approval _____
Comments _____ Appointment Date/Time _____
Precautions / Allergies: Shellfish / **Iodine** Date Signed _____
Physicians / ARNP / PA Signature Required: X _____
Send copy of report to: _____

PLEASE INITIAL TO FOLLOW RADIOLOGIST PROTOCOLS

Please **CHECK EXAM** below

CHEST/THORAX

❑ Chest PA & LAT (2 views)	0035
❑ Chest Single View (PA or AP view)	0034
❑ Chest Coned Down View (Special View)	0528
❑ Chest w/Apical Lordotic View (Includes PA & Lat)	0036
❑ Chest Apical View Only (Special Views)	0528
❑ Chest w/Oblique Views (Includes PA & Lat)	0037
❑ Chest Oblique Views Only (Special Views)	0528
❑ Chest Decubitus View(s) ❑ R or L 0528 ❑ Bilat 0284	
❑ Ribs−Bi Lateral (Includes PA CXR)	0138
❑ Ribs−Uni Lat (Includes PA CXR) ❑ R 0370 ❑ L 0040	
❑ Ribs Unilat (Min 2 vws) (if PA & Lat ordered also) ❑ R 0369 ❑ L 0039	
❑ Sternoclavicular Jts ❑ Tomograms 0098 ❑ Plain films 0139	
❑ Sternum	0041

ABDOMEN

❑ Abdomen Single View (KUB)	0156
❑ Abdomen Flat & Upright	0079
❑ Abdomen Series with PA Chest	0158
❑ Foreign Body CHILD Nose to Rectum	0171

SPINE & PELVIS

❑ Cervical AP & Lateral (2 views)	0044
❑ Cervical Complete (AP, Lat, Obliques)	0045
❑ Cervical Complete w/Obl's, Flexion, Extension	0140
❑ Cervical Flexion & Extension ONLY (Min. 2 views)	0913
❑ Lumbar AP & Lateral (2 views)	0049
❑ Lumbar Complete (AP, Lat, Obliques)	0050
❑ Lumbar Complete w/ Obls, Flexion, Extension	0051
❑ Lumbar Bending Views ONLY (Flexion & Extension)	0144
❑ Pelvis AP (1−2 films)	0052
❑ Sacroiliac Joints Limited (Less than 3 views) ❑ R 0145 ❑ L 0145	
❑ Sacroiliac Joints Complete (3 views)	0146
❑ Sacrum & Coccyx	0147
❑ Scoliosis Thorac/Lumbar Standing View	0141
❑ Soft Tissue Neck (AP & Lat)	0033
❑ Thoracic (Dorsal) 3 Views (AP, Lat, Swimmers)	0142

UPPER EXTREMITY

❑ AC Joints (Acromioclavicular)			❑ 0149
❑ Clavicle AC Joints	❑ R 0372	❑ L 0054	❑ Bilat 0476
❑ Elbow AP & Lateral		❑ R 0379	❑ L 0058
❑ Elbow Complete (4 views)		❑ R 0380	❑ L 0059
❑ Finger(s) # _____		❑ R 0391	❑ L 0064
❑ Forearm		❑ R 0383	❑ L 0060
❑ Hand AP & Lateral	❑ R 0389	❑ L 0151	❑ Bilat 0493
❑ Hand Complete (3 views)	❑ R 0390	❑ L 0063	❑ Bilat 0494
❑ Humerus		❑ R 0378	❑ L 0057
❑ Shoulder min. 3 views (Arthritis/pain/trauma)		❑ R 0375	❑ L 0056
❑ Upper Extremity (INFANT) 2 views (Up to 1Yr Old)		❑ R 0384	❑ L 0150
❑ Wrist AP & Lateral	❑ R 0385	❑ L 0061	❑ Bilat 0489
❑ Wrist Complete (Min. of 3 views)	❑ R 0386	❑ L 0062	❑ Bilat 0490

LOWER EXTREMITY

❑ Ankle AP & Lateral	❑ R 0407	❑ L 0073	❑ Bilat 0511
❑ Ankle Complete (Min. 3 views)	❑ R 0408	❑ L 0074	❑ Bilat 0512
❑ Femur		❑ R 0399	❑ L 0068
❑ Foot AP & Lateral	❑ R 0411	❑ L 0075	❑ Bilat 0515
❑ Foot Complete (Min. 3 views)	❑ R 0412	❑ L 0076	❑ Bilat 0516
❑ Hip Complete (Min. 2 views; AP & Lateral)		❑ R 0394	❑ L 0066
❑ Hips Bilat incl. AP Pelvis (Min. 2 views)			❑ 0152
❑ Knee AP & Lateral	❑ R 0400	❑ L 0069	❑ Bilat 0504
❑ Knee Compl w/Obl's & Sunrise (trauma)		❑ R 0402	❑ L 0071
❑ Knee AP/Lat/Tunnel 3 vws (arthritis/pain)		❑ R 0401	❑ L 0070

LOWER EXTREMITY

❑ Lower Extremity INFANT 2 views(up to 1 Yr Old)	❑ R 0406	❑ L 0155
❑ Tibia/Fibula (Lower Leg)	❑ R 0405	❑ L 0072
❑ Calcaneus (heel)	❑ R 0413	❑ L 0077
❑ Toe(s) # _____	❑ R 0414	❑ L 0078

SKULL/FACIAL BONES

❑ Skull AP & Lateral 0031 ❑ Skull Complete (4 views)	0032
❑ Sinus Upright Waters View (Limited or child)	0028
❑ Sinus Complete (3 views) (Routine)	0029
❑ Facial Bones Complete (Min. 3 views)	0025
❑ Zygomatic Arches	0024
❑ Nasal Bones	0130
❑ Mandible Complete (Min. 4 views)	0021
❑ T M J Joints ❑ Tomograms 0098 ❑ Plain films	0473
❑ (Pre−MRI) Eye for Foreign Body Bilateral	0471
❑ Orbits Complete (Min. 3 views)	0027

G.I. TRACT

❑ Barium Swallow (Esophagus) with Tablet	0080
❑ Ba Swallow & UGI	0175
❑ Ba Swallow and UGI with Small Bowel	0176
❑ Upper GI Aircon (with KUB)	0085
❑ Upper GI Aircon & Small Bowel	0161
❑ Small Bowel Only (with Multi−Serial views)	0086
❑ Barium Enema Regular 0087 ❑ Gastrograffin	0941
❑ Barium Enema Air Contrast (Routine)	0088
❑ Barium Enema with Colostomy	0087
❑ Barium Enema for Intussusception	0264
❑ Video Fluoroscopy (Modified Barium Swallow)	0081
❑ Fistula or Sinus Tract Study	0115

++Exam will be sent to the Interventional Work list prior to scheduling. Needs an order, office note, and Medication list sent to scheduling.

URINARY TRACT

❑ IVP	0093
❑ Cystogram	0203
❑ Urethrocystogram Retrograde	0204
❑ Voiding Cystourethrogram (VCUG) ++(Pedi only) ❑ w/Sedation ❑ w/Anesthesia ❑ Cyclic	0205

SPECIAL EXAMS

❑ Arthrogram Shoulder ++	❑ R 0376	❑ L 0100
❑ Arthrogram Elbow ++	❑ R 0381	❑ L 0179
❑ Arthrogram Wrist ++	❑ R 0387	❑ L 0183
❑ Arthrogram Hip ++	❑ R 0396	❑ L 0180
❑ Arthrogram Knee ++	❑ R 0403	❑ L 0181
❑ Arthrogram Ankle ++	❑ R 0409	❑ L 0178
❑ Arthrocen ASP / Inj Major Jt (Hip or Spine) ++	❑ R 0469	❑ L 0469
❑ Arthrocen Asp / Inj Intermediate Joint ++	❑ R 0468	❑ L 0468
❑ Myelogram ❑ Cervical ++ 0101 ❑ Thoracic ++ 0186 ❑ Lumbar ++		0187
❑ Lumbar Spinal Puncture DX (please include a completed Lab Slip) ++		0464
❑ Intrathecal Chemo Injection ++		0240
❑ H.S.G. (Hysterosalpingogram)		0114

SURVEYS

❑ Bone/Skeletal Survey (Adult) 0097	❑ Infant	0173
❑ Bone Age Study (Left Hand & Wrist)		0096
❑ Tomograms of _____	❑ R 0098	❑ L 0098
❑ CHaD Genetics Survey		0190
❑ Unlisted Exam (please specify):		

Patient Steps: **1)** To schedule an appointment call (603−740−2671) **2)** You must bring this form to the hospital the day of your appointment.
3) Your Insurance Card must be presented at the time of registration.

Wentworth−Douglass Hospital
IMAGING SERVICES: REQUEST RADIOLOGY
DIAGNOSTIC IMAGING

RA0022

7040−03MR
Rev. 06/28/18