

Patient Name _____
 Primary Care Physician _____
 Ordering Physician _____
 Ordering Physician Office Phone Number _____
 ICD-10 and Diagnosis _____

 Comments _____

DOB _____
 Primary Insurance _____
 Ins. # _____
 Secondary Ins. _____
 Secondary Ins.# _____
 Pre-Cert #/Pre-Approval _____
 Appointment Date/Time _____
 Date Signed _____

Precautions / Allergies: Shellfish / **Iodine**

Physicians / ARNP / PA Signature Required: X

Send copy of report to: _____

Shared Decision Making Visit between provider and patient completed and documented on _____, adhering to requirements of the Lung Cancer Screening Program _____
 _____ signature

Please CHECK EXAM below		*** RADIOLOGIST RECOMMENDED	
CT SCAN HEAD/NECK/FACE		CT SCAN SPINE	
Brain		Cervical Spine	
<input type="checkbox"/> w/o contrast ***	0013	<input type="checkbox"/> w/o contrast ***	0041
<input type="checkbox"/> w/contrast *Ca	0011	<input type="checkbox"/> w/contrast	0043
<input type="checkbox"/> w/wo contrast	0015	<input type="checkbox"/> w/wo contrast	0045
Orbit / Sella / IAC / Mastoid		Thoracic Spine	
<input type="checkbox"/> w/o contrast ***	0021	<input type="checkbox"/> w/o contrast ***	0047
<input type="checkbox"/> w/contrast	0019	<input type="checkbox"/> w/contrast	0049
<input type="checkbox"/> w/wo contrast	0017	<input type="checkbox"/> w/wo contrast	0051
Facial / Sinus		Lumbar Spine	
<input type="checkbox"/> w/o contrast ***	0023	<input type="checkbox"/> w/o contrast ***	0055
<input type="checkbox"/> w/contrast	0025	<input type="checkbox"/> w/contrast	0053
<input type="checkbox"/> w/wo contrast	0027	<input type="checkbox"/> w/wo contrast	0057
<input type="checkbox"/> VTI	0180	CT SCAN PELVIS	
Neck		<input type="checkbox"/> w/o contrast *Bone	0061
<input type="checkbox"/> w/o contrast	0033	<input type="checkbox"/> w/contrast ***	0059
<input type="checkbox"/> w/contrast ***	0029	<input type="checkbox"/> w/wo contrast	0063
<input type="checkbox"/> w/wo contrast	0031	CT SCAN ABDOMEN	
CT SCAN EXTREMITIES		Abdomen	
Upper extremity left		<input type="checkbox"/> w/o contrast	0005
<input type="checkbox"/> w/o contrast ***	0065	<input type="checkbox"/> w/contrast ***	0007
<input type="checkbox"/> w/contrast	0067	<input type="checkbox"/> w/wo contrast	0009
<input type="checkbox"/> w/wo contrast	0069	CT SCAN ABDOMEN & PELVIS	
Upper extremity right		Abdomen and Pelvis	
<input type="checkbox"/> w/o contrast ***	0122	<input type="checkbox"/> CT Urogram	0923
<input type="checkbox"/> w/contrast	0123	<input type="checkbox"/> w/o contrast	0146
<input type="checkbox"/> w/wo contrast	0124	<input type="checkbox"/> w/contrast ***	0145
Lower extremity left		<input type="checkbox"/> w/wo contrast	0147
<input type="checkbox"/> w/o contrast ***	0073	<input type="checkbox"/> Kidney stone study	0054
<input type="checkbox"/> w/contrast	0071	CT SCAN COMBINATION STUDIES	
<input type="checkbox"/> w/wo contrast	0075	Chest/Abdomen	
Lower extremity right		<input type="checkbox"/> w/o contrast	0161
<input type="checkbox"/> w/o contrast ***	0125	<input type="checkbox"/> w/contrast ***	0162
<input type="checkbox"/> w/contrast	0126	<input type="checkbox"/> w/wo contrast	0006
<input type="checkbox"/> w/wo contrast	0127	Chest/Abdomen/Pelvis	
CT SCAN CHEST		<input type="checkbox"/> w/o contrast	0149
Chest/Thorax		<input type="checkbox"/> w/contrast ***	0148
<input type="checkbox"/> w/o contrast	0035	<input type="checkbox"/> w/wo contrast	0150
<input type="checkbox"/> w/contrast ***	0037		
<input type="checkbox"/> w/wo contrast	0039		
<input type="checkbox"/> LD-Lung Screening			
		Neck / Chest / Abdomen	
		<input type="checkbox"/> w/o contrast	0034
		<input type="checkbox"/> w/contrast ***	0030
		<input type="checkbox"/> w/wo contrast	0032
		Neck / Chest / Abdomen / Pelvis	
		<input type="checkbox"/> w/o contrast	0152
		<input type="checkbox"/> w/contrast ***	0151
		<input type="checkbox"/> w/wo contrast	0153
		CT SCAN ANGIOGRAPHY – CTA	
		Head CTA	
		<input type="checkbox"/> w/wo contrast	0130
		Neck CTA	
		<input type="checkbox"/> w/wo contrast	0131
		Chest CTA	
		<input type="checkbox"/> w/wo contrast	0132
		Pelvis CTA	
		<input type="checkbox"/> w/wo contrast	0133
		Upper Extremity CTA	
		<input type="checkbox"/> w/wo contrast	0134
		Lower Extremity CTA	
		<input type="checkbox"/> w/wo contrast	0135
		Abdomen CTA	
		<input type="checkbox"/> w/wo contrast	0136
		ABD Aortal / BIL Lower Extremity/RUNOFF	
		<input type="checkbox"/> w/wo contrast	0137
		CT SCAN GUIDANCE	
		<input type="checkbox"/> Guidance for localization/stereotactic	0077
		<input type="checkbox"/> Guidance Cyst Aspiration	0089
		CT SCAN GUIDED NEEDLE BIOPSY	
		<input type="checkbox"/> CT Guided Needle Biopsy	0091
		CT SCAN ABCESS DRAINAGE	
		<input type="checkbox"/> Abcess Drainage Any Area	0093
		CT SCAN RECONSTRUCTION	
		<input type="checkbox"/> CT 3D	
		CT SCAN MISCELLANEOUS	
		<input type="checkbox"/> CT Nephrostomy tube insertion	0092
		<input type="checkbox"/> CT Bone Length Study	0940

Patient Steps: 1) You must bring this form to the hospital the day of your appointment.
 2) Your Insurance Card must be presented at the time of registration.

Wentworth-Douglass Hospital
**IMAGING SERVICES: REQUEST COMPUTERIZED
 TOMOGRAPHY (CT Scan)**



RA0019

7040-119MR
 Rev. 06/29/18

Without IV Contrast	With IV Contrast	Abdomen/Pelvis with IV Contrast
<p>What can I expect during the test?</p> <ul style="list-style-type: none"> • You will be asked to lie on the CT table. • A preliminary image is done; the technologist uses this image to program your CT scan. • The CT table will begin to move, you may be asked to hold your breathe for up to 20 seconds, while the table is moving your scan is being preformed. • You are then allowed to leave; you may resume your normal activities after your exam. <p>How do I prepare for the test?</p> <ul style="list-style-type: none"> • There is no special preparation for your exam. • Please report to Wentworth–Douglass Patient Registration to be registered at least 15 min before your arrival time. They will direct you to the Radiology Department. Please bring your physician s order for this test with you. <p>Your Results:</p> <p>The radiologist will interpret you exam and then report the findings to your doctor. If you need a copy of your images please contact the Imaging Services file Room at 603.740.2588, option 2. Please allow 24 hours notice.</p> <p>❖ If you are unable to keep your appointment please call scheduling at 603.740.2588, option 1.</p> <p>❖ If you have any questions about your CT exam please call 603.740.2674, option 3.</p>	<p>What can I expect during the test?</p> <ul style="list-style-type: none"> • You will be asked to lie on the CT table. We will then place an intravenous in your arm. • A preliminary image is done; the technologist uses this image to program your CT scan. • You will receive an injection through the IV in your arm. The injection is an Iodine contrast agent, which is later excreted through your kidneys. • The contrast will make you feel warm all over and may give you a metallic taste in your mouth. • After the injection the CT table will begin to move, you may be asked to hold your breathe for up to 20 seconds, while the table is moving your scan is being preformed. • You are then allowed to leave; you may resume your normal activities after your exam. <p>How do I prepare for the test?</p> <ul style="list-style-type: none"> • No solid food 2 hours prior to your exam. • You may continue to drink clear liquids until your scheduled exam time. • If you have a contrast allergy please inform your physician so that you can be pre–medicated prior to your exam to prevent a reaction to the contrast. • If you are 60 years old or older, diabetic or have a history of renal failure/disease you will need to have a creatinine level drawn at the lab at least 48 hours prior to your scheduled appointment. • Please report to Wentworth–Douglass Patient Registration to be registered at least 30 min before your appointment time. They will direct you to the radiology department. Please bring your physician s order for this test with you, if your doctor s office has given you one. 	<p>What can I expect during the test?</p> <ul style="list-style-type: none"> • You will be asked to arrive 90 min prior to your scan time to have an IV inserted in a vein in your arm and drink a berry or lemonade flavored contrast. This contrast is used to highlight your stomach and intestinal tract. • You may need to have an additional contrast agent administered rectally. This contrast is used to highlight the last portion of your large intestines. Rectal contrast is only used for certain patient histories such as diverticulitis, appendicitis, or pelvic abscess. • You will be asked to lie on the CT table. We will then place an IV in a vein in your arm. • A preliminary image is done; the technologist uses this image to program your CT scan. • You will receive an injection through the IV in your arm. The injection is an Iodine contrast agent, which is later excreted through your kidneys. • The contrast will make you feel warm all over and may give you a metallic taste in your mouth. • After the injection the CT table will begin to move, you may be asked to hold your breathe for up to 20 seconds, while the table is moving your scan is being preformed. • After 10 min you will then allowed to leave; you may resume your normal activities after your exam. <p>How do I prepare for the test?</p> <ul style="list-style-type: none"> • No solid food 2 hours prior to your exam. • You may continue to drink clear liquids until your scheduled exam time. • If you have a contrast allergy please inform your physician so that you can be pre–medicated prior to your exam to prevent a reaction to the contrast. • If you are 60 years old or older, diabetic or have a history of renal disease you will need to have a creatinine level drawn at the lab at least 24 hours prior to your scheduled appointment.

