

Patient Name :	DOB:	Social Security No.	Patient Phone:
Insurance:	Authorization:	Today's Date:	Today's Time:
Diagnosis/Reason for Exam:		Appointment Date:	Appointment Time:
		ICD 9 Codes:	

Office Phone:	Stat Report Call To:	Phone:	Fax:
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SETON LOCATION OF SERVICE

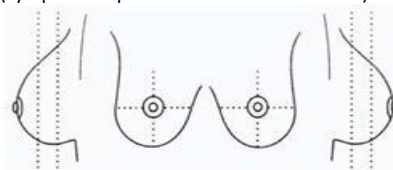
<input type="checkbox"/> University Medical Center Brackenridge	<input type="checkbox"/> Seton Medical Center Austin	<input type="checkbox"/> Seton Southwest Hospital	<input type="checkbox"/> Seton Medical Center Hays
<input type="checkbox"/> Dell Children's Medical Center	<input type="checkbox"/> Seton Northwest Hospital	<input type="checkbox"/> Seton Medical Center Williamson	<input type="checkbox"/> Seton Highland Lakes

Screening maybe Required for IV Contrast Studies – Please select one: <input type="checkbox"/> I authorize a BUN/Creatinine test to be performed prior to the procedure <input type="checkbox"/> BUN/Creatinine results ____/____ (Date Drawn) ____/____/____	Patient needs sedation: <input type="checkbox"/> Minimal sedation <input type="checkbox"/> Anesthesia consult	A urine pregnancy test maybe required prior to the exam: <input type="checkbox"/> I authorize a pregnancy test to be performed prior to the procedure.
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DIAGNOSTIC RADIOLOGY – NO APPOINTMENT REQUIRED

<input type="checkbox"/> Chest 1V CPT 71010	<input type="checkbox"/> Abdomen 2V CPT 74020	<input type="checkbox"/> Pelvis CPT 72170	<input type="checkbox"/> C Spine 5V CPT 72052	<input type="checkbox"/> Sinuses 3V CPT 70220
<input type="checkbox"/> Chest 2V CPT 71020	<input type="checkbox"/> Acute Abdomen CPT 74022	<input type="checkbox"/> Hip L R CPT 73510	<input type="checkbox"/> T Spine 3V CPT 72072	<input type="checkbox"/> Extremity (Specify) _____
<input type="checkbox"/> Ribs Bilat CPT 71111	<input type="checkbox"/> KUB 1V CPT 74000	<input type="checkbox"/> C Spine 3V CPT 72040	<input type="checkbox"/> L Spine 2/3V CPT 72100	<input type="checkbox"/> Other (Specify) _____

APPOINTMENT REQUIRED FOR THE FOLLOWING EXAMS

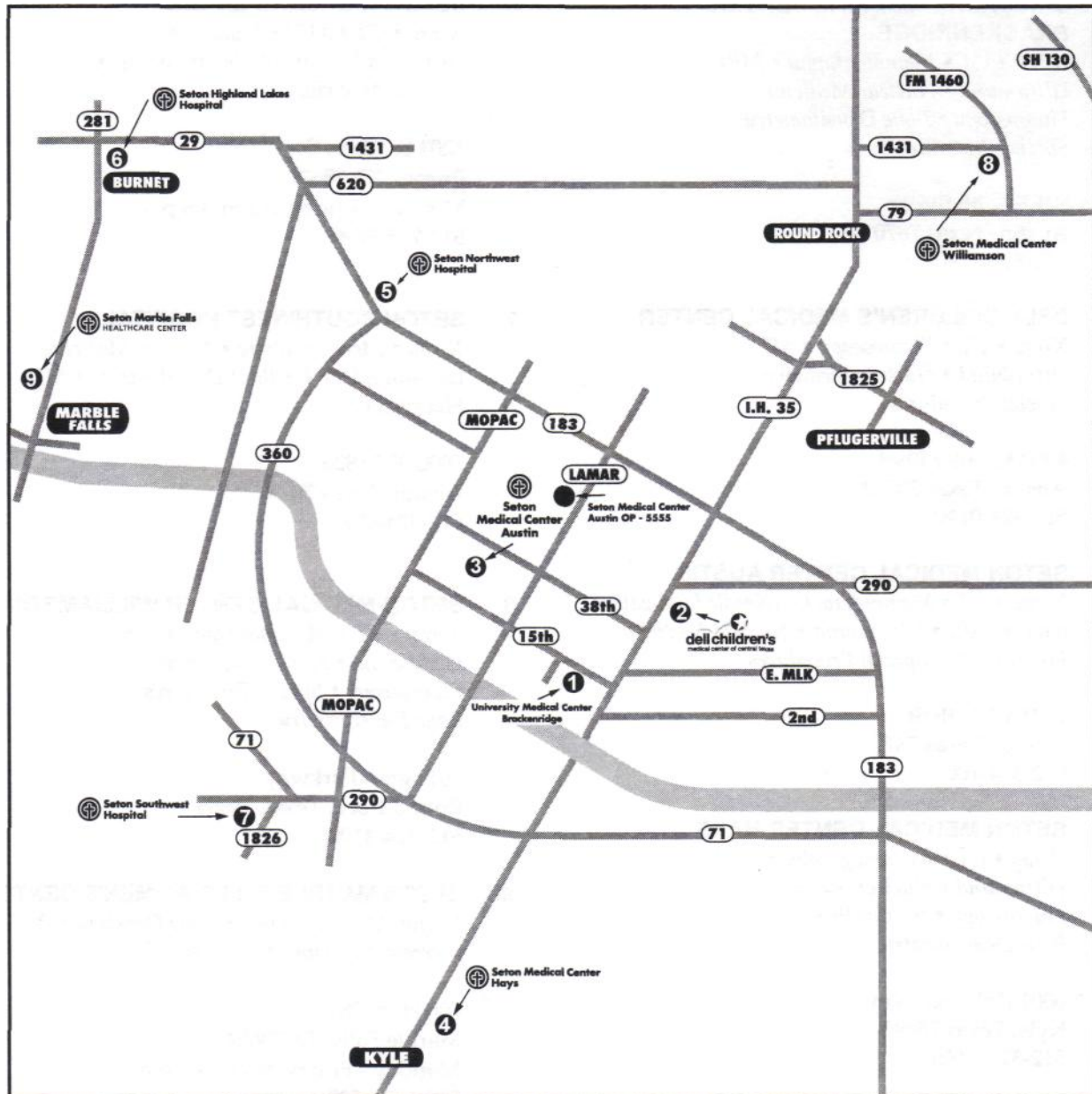
COMPUTED TOMOGRAPHY (CT)	MRI	NUCLEAR MEDICINE	ULTRASOUND
<input type="checkbox"/> Head/Brain w/o CPT 70450	<input type="checkbox"/> Brain w/o CPT 70551	<input type="checkbox"/> Bone scan limited CPT 78300	<input type="checkbox"/> Head/Neck Soft Tissue CPT 76536
<input type="checkbox"/> Head/Brain w CPT 70460	<input type="checkbox"/> Brain wov CPT 70553	<input type="checkbox"/> Bone scan 3 phase CPT 78315	<input type="checkbox"/> Thyroid CPT 76536
<input type="checkbox"/> Head/Brain wov CPT 70470	<input type="checkbox"/> Brain spectroscopy CPT 76390	<input type="checkbox"/> Bone scan spect CPT 78320	<input type="checkbox"/> Breast <input type="checkbox"/> LT <input type="checkbox"/> RT CPT 76645
<input type="checkbox"/> Facial w/o CPT 70486	<input type="checkbox"/> Internal auditory Canal CPT 70553	<input type="checkbox"/> Bone scan whole body CPT 78306	<input type="checkbox"/> Chest CPT 76604
<input type="checkbox"/> Facial w CPT 70487	<input type="checkbox"/> Limited stereotactic CPT	<input type="checkbox"/> HIDA scan 78226 <input type="checkbox"/> W/CCK CPT 78227	<input type="checkbox"/> Abdomen complete CPT 76700
<input type="checkbox"/> Orbit w CPT 70481	brain w 7055252	Gallium scan (for tumor):	<input type="checkbox"/> Renal(Kidneys/Bladder) CPT 76770
<input type="checkbox"/> Soft tissue neck w/o CPT 70490	<input type="checkbox"/> Sella/Pituitary wov CPT 70553	<input type="checkbox"/> Gallium multiple area CPT 78801	<input type="checkbox"/> Abdomen limited CPT 76705
<input type="checkbox"/> Soft tissue neck w CPT 70491	<input type="checkbox"/> Orbits/face wov CPT 70543	<input type="checkbox"/> Gallium whole body CPT 78802	<input type="checkbox"/> Retroperitoneal CPT 76770
<input type="checkbox"/> Sinuses w/o CPT 70486	<input type="checkbox"/> Orbits/face w/o CPT 70540	<input type="checkbox"/> Gallium spect CPT 78803	(aorta,IVC,nodes)
<input type="checkbox"/> Sinuses w CPT 70487	<input type="checkbox"/> Cervical w/o CPT 72141	<input type="checkbox"/> WBC –Whole body CPT 78806	<input type="checkbox"/> Testicular CPT 76870
<input type="checkbox"/> Chest w/o CPT 71250	<input type="checkbox"/> Cervical wov CPT 72156	<input type="checkbox"/> MUGA scan (rest only) CPT 78472	<input type="checkbox"/> Pelvis(Doppler maybe needed CPT 76856
<input type="checkbox"/> Chest w CPT 71260	<input type="checkbox"/> Thoracic w/o CPT 72146	<input type="checkbox"/> Renal scan w/Lasix CPT 78708	to evaluate blood flow)
<input type="checkbox"/> C Spine w/o CPT 72125	<input type="checkbox"/> Thoracic wov CPT 72157	<input type="checkbox"/> Renal scan w/Captopril CPT 78708	<input type="checkbox"/> Transvaginal-Non-OB CPT 76830
<input type="checkbox"/> C Spine w CPT 72126	<input type="checkbox"/> Lumbar w/o CPT 72148	<input type="checkbox"/> Lung scan Perfusion only CPT 78580	<input type="checkbox"/> Doppler CPT 93976
<input type="checkbox"/> T Spine w/o CPT 72128	<input type="checkbox"/> Lumbar wov CPT 72158	<input type="checkbox"/> Lung scan Vent/Perf CPT 78582	<input type="checkbox"/> OB≤14wks.1 st trimester CPT 76801
<input type="checkbox"/> T Spine w CPT 72129	<input type="checkbox"/> Soft Tissue Neck w/o CPT 70540	<input type="checkbox"/> Thyroid scan CPT 78010	<input type="checkbox"/> OB≥14wks.2 or 3 trimester CPT 76805
<input type="checkbox"/> L Spine w/o CPT 72131	<input type="checkbox"/> Soft Tissue Neck wov CPT 70543	<input type="checkbox"/> Thyroid uptake CPT 78001	<input type="checkbox"/> Transvaginal OB CPT 76817
<input type="checkbox"/> L Spine w CPT 72132	<input type="checkbox"/> Chest w/o CPT 71550	<input type="checkbox"/> Parathyroid scan CPT 78070	<input type="checkbox"/> Carotid Doppler bilateral CPT 93880
<input type="checkbox"/> Abdomen w/o CPT 74150	<input type="checkbox"/> Chest wov CPT 71552	<input type="checkbox"/> Thyroid whole body I-131 CPT 78018	<input type="checkbox"/> Venous Doppler
<input type="checkbox"/> Abdomen w CPT 74160	<input type="checkbox"/> Abdomen w/o CPT 74181	<input type="checkbox"/> Liver/Spleen scan CPT 78215	<input type="checkbox"/> LT <input type="checkbox"/> RT <input type="checkbox"/> ARM CPT 93970
<input type="checkbox"/> Abdomen wov CPT 74170	<input type="checkbox"/> Abdomen wov CPT 74183	<input type="checkbox"/> Liver scan SPECT CPT 78205	<input type="checkbox"/> LT <input type="checkbox"/> RT <input type="checkbox"/> LEG CPT 93971
<input type="checkbox"/> Pelvis w/o CPT 72192	<input type="checkbox"/> Pelvis w/o CPT 72195	<input type="checkbox"/> Cardiac multi rest/stress CPT 78452	<input type="checkbox"/> Arterial Doppler
<input type="checkbox"/> Pelvis w CPT 72193	<input type="checkbox"/> Pelvis wov CPT 72197	<input type="checkbox"/> w/exercise <input type="checkbox"/> w/Lexi	<input type="checkbox"/> LT <input type="checkbox"/> RT <input type="checkbox"/> ARM
<input type="checkbox"/> ABD & Pelvis wov CPT 74176	<input type="checkbox"/> Extremity	<input type="checkbox"/> w/Dobutamine	<input type="checkbox"/> LT <input type="checkbox"/> RT <input type="checkbox"/> LEG
<input type="checkbox"/> ABD & Pelvis w CPT 74177	<input type="checkbox"/> LT <input type="checkbox"/> RT <input type="checkbox"/> wov <input type="checkbox"/> w/o	<input type="checkbox"/> Thyroid cancer therapy CPT 79005	<input type="checkbox"/> Biopsy of Breast <input type="checkbox"/> LT <input type="checkbox"/> RT CPT 76942
<input type="checkbox"/> ABD & Pelvis wov CPT 74178	<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Octreotide scan CPT 78803	<input type="checkbox"/> Guided Biopsy of: _____
<input type="checkbox"/> Calcium Scoring CPT 75571	MRA:	<input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Other (Specify) _____	<input type="checkbox"/> Head w/o CPT 70544		
	<input type="checkbox"/> Head w CPT 70545		
<input type="checkbox"/> Biopsy of: _____	<input type="checkbox"/> Neck wov CPT 70549		
CTA:	<input type="checkbox"/> Chest CPT 71555		
<input type="checkbox"/> Head CPT 70496	<input type="checkbox"/> Abdomen CPT 74185		
<input type="checkbox"/> Neck CPT 70498	<input type="checkbox"/> Other (specify): _____		
<input type="checkbox"/> Chest CPT 71275			
<input type="checkbox"/> Heart- CPT 75574			
(coronary arteries)			
<input type="checkbox"/> Abdomen CPT 74175	MYELOGRAM w/CT to follow		
<input type="checkbox"/> Pelvis CPT 72191	<input type="checkbox"/> Cervical CPT 72240 & 72126		
<input type="checkbox"/> Abdomen & Pelvis CPT 74174	<input type="checkbox"/> Thoracic CPT 72255 & 72129		
<input type="checkbox"/> Extremity: _____	<input type="checkbox"/> Lumbar CPT 72265 & 72132		
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Complete CPT (72270, 72126, 72129, 72132)		
		MAMMOGRAPHY	FLUOROSCOPY
		<input type="checkbox"/> Screening only Bilateral CPT 77057	<input type="checkbox"/> Barium Swallow CPT 74230
		<input type="checkbox"/> Diagnostic w/ultrasound if abnormal or suspicious CPT 77056	<input type="checkbox"/> w/speech CPT 92611
		(symptoms – please mark area of concern)	<input type="checkbox"/> Upper GI CPT 74241
			<input type="checkbox"/> Small Bowel CPT 74250
		<input type="checkbox"/> Stereotactic Breast Biopsy CPT 77080	<input type="checkbox"/> IVP CPT 74400
		<input type="checkbox"/> Bone Density	<input type="checkbox"/> Esophagram CPT 74220
		<input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Colon CPT 74270
			<input type="checkbox"/> w/air CPT 74280
			<input type="checkbox"/> Hystersalpingogram CPT 74740
			<input type="checkbox"/> VCUG CPT 74455
			<input type="checkbox"/> Lumbar Puncture w/flouro
			<input type="checkbox"/> w/pressures
			<input type="checkbox"/> Other (specify) _____

Attending Physician Name (print):	Physician Name (print):	Physician Signature (Required):	Notes:
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SETON LOCATION OF SERVICE

- 1 UNIVERSITY MEDICAL CENTER BRACKENRIDGE**
*X-ray • CT • Mammography • MRI
Ultrasound • Nuclear Medicine
Fluoroscopy • Bone Densitometry
Special Procedures*
601 E. 15th Street
Austin, Texas 78701
512-324-7190
- 2 DELL CHILDREN'S MEDICAL CENTER**
*X-ray • CT • Fluoroscopy • MRI
Ultrasound • Nuclear Medicine
Special Procedures*
4900 Mueller Blvd.
Austin, Texas 78723
512-324-0140
- 3 SETON MEDICAL CENTER AUSTIN**
*X-ray • CT • Mammography (Needle localization only) • MRI • Ultrasound • Nuclear Medicine
Fluoroscopy • Special Procedures*
1201 W. 38th St.
Austin, Texas 78705
512-324-1006
- 4 SETON MEDICAL CENTER HAYS**
*X-ray • CT • Mammography • MRI
Ultrasound • Nuclear Medicine
Fluoroscopy • Special Procedures
Bone Densitometry*
6001 Kyle Parkway
Kyle, Texas 78640
512-324-5148
- 5 SETON NORTHWEST HOSPITAL**
*X-ray • CT • Mammography Ultrasound •
Nuclear Medicine Fluoroscopy • Stereotactic
Breast Biopsy MRI (large bore)*
11113 Research Blvd.
Austin, Texas 78759
512-324-6190
- 6 SETON HIGHLAND LAKES**
*X-ray • CT • MRI • Fluoroscopy
Ultrasound
Doppler/Echocardiography Nuclear
Medicine*
3201S. Water St
Burnet, TX 78611
Monday - Friday, 8 a.m. - 6 p.m.
512-715-3090
- 7 SETON SOUTHWEST HOSPITAL**
*X-ray • Mammography • Nuclear Medicine
Ultrasound • CT • Bone Densitometry • MRI
Fluoroscopy*
7900 FM1826
Austin, Texas
78737 512-324-
9021
- 8 SETON MEDICAL CENTER WILLIAMSON**
*X-ray • CT • Mammography • MRI
Ultrasound • Nuclear Medicine
Fluoroscopy • Special Procedures
Bone Densitometry*
201 Seton Parkway
Round Rock, Texas
78665 512-324-4192
- 9 SETON MARBLE FALLS WOMEN'S CENTER**
*Digital Mammography • Bone
Densitometry • Stereotactic Biopsy
Ultrasound*
700 Hwy 281
Marble Falls, TX 78654
Monday - Friday, 8 a.m. - 4 p.m.
830-693-8733

MAP OF Locations



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|--|--|
| <p>1 UNIVERSITY MEDICAL CENTER BRACKENRIDGE
(512)324-7190</p> <p>2 DELL CHILDREN'S MEDICAL CENTER
(512)324-0140</p> <p>3 SETON MEDICAL CENTER AUSTIN
(512)324-1006</p> <p>4 SETON MEDICAL CENTER HAYS
(512)324-5148</p> <p>5 SETON NORTHWEST HOSPITAL
(512)324-6190</p> | <p>6 SETON HIGHLAND LAKES
(512)715-3090</p> <p>7 SETON SOUTHWEST HOSPITAL
(512)324-9021</p> <p>8 SETON MEDICAL CENTER WILLIAMSON
(512)324-4192</p> <p>9 SETON MARBLE FALLS WOMEN'S CENTER
(830) 693-8733</p> |
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