dell children's medical center of central texas
A member of the Seton Family of Hospitals

Scheduling
Non-Sedation Scheduling: (512) 324-1199 Fax: (512) 380-0552
Sedation Scheduling: (512) 324-0140 Fax: (512) 324-0733

IMAGING SERVICES REQUEST FORM

Today's Date:_____ Today's Time:_____ Appt. Date:_____ Appt. Time:_____ Arrival Time:_____
Patient's Name: _____ ☐ Male ☐ Female Date of Birth: _____
Daytime Phone:_____ ICD Diagnosis Codes: _____
Diagnosis/Reason for Exam: _____
Authorized Practitioner (print):_____ Insurance:_____ Authorization: _____
Authorized Practitioner Signature (required):_____ MD Office Phone: _____
Note: No Signature Stamps Accepted

☐ Anesthesia/Sedation Needed ☐ Yes ☐ No
Labs/Other Procedures to be completed under sedation:

Screening may be Required for IV Contrast Studies
☐ I authorize a BUN/Creatinine test prior to the procedure
☐ BUN/Creatinine Results____/____Date Drawn____/___/___

☐ STAT
☐ Call Report _____
☐ ASAP
☐ Routine

A urine pregnancy test may be required
☐ I authorize a pregnancy test prior to the procedure

GENERAL RADIOLOGY (No Appointment Required)

☐ Chest 2 views ☐ Abdomen 2 views ☐ Abdomen 1 view ☐ Spine (specify): _____
☐ Sinuses (specify): _____ ☐ Skull Series ☐ Other (specify): _____
☐ Extremity (specify body part and left or right) _____

APPOINTMENT REQUIRED FOR FOLLOWING EXAMS

MAGNETIC RESONANCE IMAGING (MRI)

☐ Brain w/o (CPT 70551)
☐ Brain Limited w/o (CPT 7055152) (Fast Acquisition)
☐ Brain w/ and w/o (CPT 70553)
☐ IAC's (CPT 70553)
☐ Sella/Pituitary (CPT 70553)
☐ Include CSF Flow Study
☐ Brain Functional w/ MD (CPT 70555/96020)
☐ Brain Functional w/o MD (CPT 70554)
☐ Orbits w/o (CPT 70540)
☐ Orbits w/ and w/o (CPT 70543)
☐ Soft Tissue Neck w/ and w/o (CPT 70543)
☐ Cervical w/o (CPT 72141)
☐ Cervical w/ and w/o (CPT 72156)
☐ Thoracic w/o (CPT 72146)
☐ Thoracic w/ and w/o (CPT 72157)
☐ Lumbar w/o (CPT 72148)
☐ Lumbar w/ and w/o (CPT 72158)
☐ Chest w/o (CPT 71550)
☐ Chest w/ and w/o (CPT 71552)
☐ Abdomen w/o (CPT 74181)
☐ Abdomen w/ and w/o (CPT 74183)
☐ Pelvis w/o (CPT 72195)
☐ Pelvis w/ and w/o (CPT 72197)
☐ Extremity/Joint _____
☐ Left ☐ Right ☐ w/ and w/o ☐ wo
CPT_____
☐ Head Angiogram w/ (CPT 70545)
☐ Neck Angiogram w/ and w/o (CPT 70549)
☐ Chest Angiogram w/ and w/o (CPT 71555)
☐ Abdomen Angiogram w/ and w/o (CPT 74185)
☐ Angiogram (specify) _____
CPT_____
☐ Venogram (specify) _____
CPT_____
☐ Cardiac Function w/o (CPT 75557)
☐ Cardiac Function w/ and w/o (CPT 75561)
☐ Cine Sleep Study (CPT 70540)
☐ Spectroscopy (CPT 76390)
☐ Other (specify)_____
CPT_____

List all patient implants:

CT SCAN

☐ Brain w/o (CPT 70450)
☐ Brain w/ (CPT 70460)
☐ Brain w/ and w/o (CPT 70470)
☐ CranioFacial w/o 3D Recon (CPT 70450/70486)
☐ CranioFacial w/ 3D Recon (CPT 70460/70487)
☐ Facial Low Dose w/ 3D Recon (CPT 70486)
☐ Face w/o (CPT 70486)
☐ Face w/ (CPT 70487)
☐ Sinus w/o (CPT 70486)
☐ Sinus w/ (CPT 70487)
☐ Auditory Canal w/o (CPT 70480)
☐ Auditory Canal w/ (CPT 70481)
☐ Limited Mandible (Panorex) (CPT 7048652)
☐ Soft Tissue Neck w/o (CPT 70490)
☐ Soft Tissue Neck w/ (CPT 70491)
☐ Cervical w/o (CPT 72125)
☐ Cervical w/ (CPT 72126)
☐ Thoracic w/o (CPT 72128)
☐ Thoracic w/ (CPT 72129)
☐ Lumbar w/o (CPT 72131)
☐ Lumbar w/ (CPT 72132)
☐ Chest w/o (CPT 71250)
☐ Chest w/ (CPT 71260)
☐ Chest High Resolution (71250)
☐ Abdomen only w/o (CPT 74150)
☐ Abdomen only w/ (CPT 74160)
☐ Pelvis w/o (CPT 72192)
☐ Pelvis w/ (CPT 72193)
☐ Chest/Abd/Pelvis w/o (CPT 71250/74176)
☐ Chest/Abd/Pelvis w (CPT 71260/74177)
☐ Abdomen/Pelvis w/o (CPT 74176)
☐ Abdomen/Pelvis w/ (CPT 74177)
☐ Abdomen/Pelvis w/ and w/o (CPT 74178)
☐ Head Angiogram (CPT 70496)
☐ Neck Angiogram (CPT 70498)
☐ Chest Angiogram (CPT 71275)
☐ Abdomen Angiogram (CPT 74175)
☐ Other Angiogram _____
CPT_____
☐ Extremity _____
CPT_____
☐ Other _____
CPT

NUCLEAR MEDICINE

☐ Brain SPECT Scan (CPT 78607)
☐ Shunt Study VP or LP (CPT 78645)
☐ Total Body Bone Scan (CPT 78306)
☐ 3 Phase Bone Scan (CPT 78315)
☐ Bone SPECT Scan (CPT 78320)
☐ Thyroid Uptake and Scan (CPT 78014)
☐ Lung Perfusion Scan Only (CPT78580)
☐ HIDA Scan w/ EF (CPT78227)
☐ HIDA Scan w/o EF (CPT78226)
☐ Gastric Emptying (CPT 78264)
☐ Meckel's Scan (CPT 78290)
☐ MAG 3 w/ Lasix (CPT 78708)
☐ DMSA Renal Scan (CPT 78707)
☐ GFR Renal Scan (CPT 78707)
☐ I-123 MIBG w/ SPECT (CPT 78804/78803)
☐ Other: _____

FLUOROSCOPY

☐ Esophagram w/ Fluoro (CPT 74220)
☐ Barium Swallow w/ Speech (CPT 74230 & 92611)
☐ Upper GI (CPT 74241)
☐ Small Bowel (CPT 74250)
☐ G/J Tube Placement (CPT 49440)
☐ Voiding Cystogram-VCUG (CPT 74455)
☐ Colon (CPT 74270) ☐ w/ Air (CPT 74280)
☐ Lumbar Puncture
☐ w/ pressures
☐ w/o pressures
☐ Other:_____

ULTRASOUND

☐ Encephalogram/Cranial (CPT 76506)
☐ Thyroid (CPT 76536)
☐ Spine (CPT 76800)
☐ Abdomen Complete (CPT 76700)
☐ Retroperitoneal (CPT 76770)
☐ Renal (CPT 76770)
☐ Pylorus (CPT 76705)
☐ Abdomen Limited (CPT 76705)
Specify: _____
☐ Pelvis w/ Ltd Doppler (CPT 76856/93976)
☐ Testicular w/ Ltd Doppler (CPT 76870/93976)
☐ Hip
☐ Venous Doppler ☐ Left ☐ Right ☐ Arm
☐ Left ☐ Right ☐ Leg
☐ Other _____

Dell Children's Medical Center of Central Texas

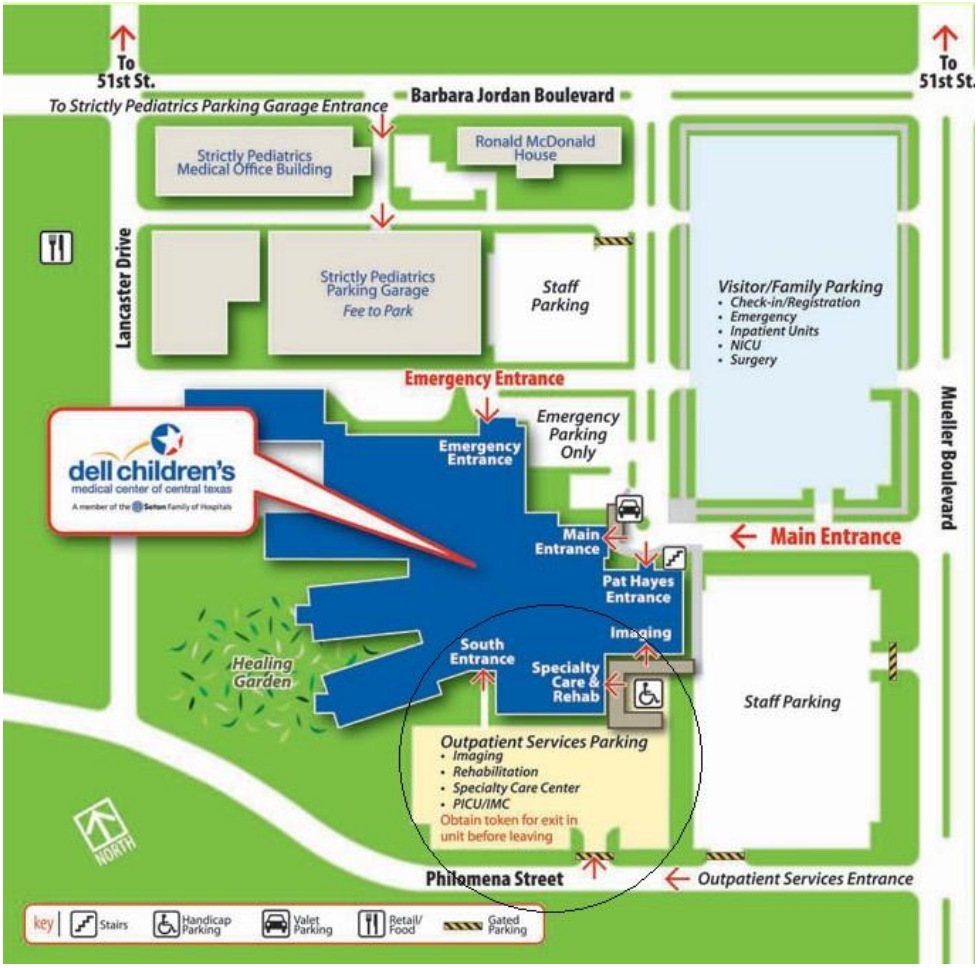
Department of Imaging
4900 Mueller Blvd
Austin, Texas 78723
(512) 324-0140

For assistance with ordering imaging exams, please contact the imaging department at (512) 324-0140
For assistance or questions regarding 'sedation' cases, please contact the imaging nurses desk at (512) 324-0141.

Imaging Exam Instructions (patient):
Please contact the admissions department for pre-registration prior to the scheduled exam date.
Admissions pre-registration phone number: (512) 324-5868

Arrive 30 minutes prior to scheduled appointment for outpatient registration.

Please bring physician order, insurance cards, and identification for registration.



Driving Directions

Driving IH-35 South:
From IH 35 Northbound, take the 51st exit
Turn right on 51st street
Turn right on Lancaster Dr.
Turn left on Philomena St
Turn left into the outpatient services parking lot
(Yellow Lot - light poles will have yellow banners)

Driving IH-35 North:
From IH 35 Southbound, take the 51st exit
Turn left on 51st street
Turn right on Lancaster Dr.
Turn left on Philomena St.
Turn left into the outpatient services parking lot
(Yellow Lot - light poles will have yellow banners)

Parking at Dell Children's Medical Center:
During normal business hours, free surface parking is available off of Philomena street in the *Outpatient Services* parking lot.

This lot will have a security gate and require a token that will be provided by the Imaging department. This lot is FREE for outpatient imaging patients.

Evening and weekend appointments should park in the main visitor parking lot.