



Seton Healthcare Family
Radiology Outpatient Ordering Form

Austin Area & Seton Medical
Center Williamson (Round Rock)
Phone: (512) 324-1199
FAX: (512) 380-0552

Seton Medical Hays (Kyle)
PHONE: (512) 504-5190
FAX: (512) 380-0552

Seton Highland Lakes
PHONE: (512) 715-3090
FAX: (512) 715-3030

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 Codes:

Office Phone:
Stat Report Call To:
Phone:
Fax:

SETON LOCATION OF SERVICE

- Del Seton Medical Center at UT
Seton Medical Center Austin
Seton Southwest Hospital
Seton Medical Center Hays
Del Children's Medical Center
Seton Northwest Hospital
Seton Medical Center Williamson
Seton Highland Lakes

Screening may be Required for IV Contrast Studies – Please select one:

- I authorize a BUN/Creatinine test to be performed prior to the procedure
BUN/Creatinine results ___/___(Date Drawn) ___/___/___
Patient needs sedation:
Minimal sedation
Anesthesia consult
A urine pregnancy test may be required prior to the exam:
I authorize a pregnancy test to be performed prior to the procedure.

DIAGNOSTIC RADIOLOGY NO APPOINTMENT REQUIRED

- Chest 1V CPT 71045
Abdomen 2V CPT 74019
Pelvis CPT 72170
C Spine 4/5V CPT 72052
Sinuses 3V CPT 70220
Chest 2V CPT 71046
Acute Abdomen CPT 74022
Hip L R CPT 73502
T Spine 3V CPT 72072
Extremity (Specify)
Ribs Bilat CPT 71111
KUB 1V CPT 74018
C Spine 3V CPT 72040
L Spine 2/3V CPT 72100
Other (Specify)

APPOINTMENT REQUIRED FOR THE FOLLOWING EXAMS-CONTRAST ADMINISTERED PER RADIOLOGY PROTOCOL

Table with columns: COMPUTED TOMOGRAPHY (CT), MRI, NUCLEAR MEDICINE, ULTRASOUND, MAMMOGRAPHY, FLUOROSCOPY. Includes various procedure codes and descriptions.

Authorized Practitioner (print):
Authorized Practitioner Signature (Required; no signature stamps accepted):
Notes: