

Patient Information			MEDICAL NECESSITY INFORMATION	
LAST NAME	FIRST NAME	MI	Sign, Symptom, or Diagnosis and ICD10 info required on all tests ordered.	
Address	City	St.	Narrative Diagnosis	ICD10 Codes
Social Security No.	Birthdate	Sex <input type="checkbox"/> M <input type="checkbox"/> F	1. _____	
Primary Insurance	Pre-cert #		2. _____	
GBHC #	Phone #		3. _____	
Note:			4. _____	
			* Does patient have allergy to IVP dye? Y ___ N ___	
<b>APPOINTMENT</b>			<b>PHYSICIAN SIGNATURE:</b>	
Date _____ Time _____			_____	

X	CPT	- MRI -	X	CPT	- ULTRASOUND -	X	CPT	- CT -	X	CPT	- RADIOLOGY -
	70551	MRI Brain (w/o contrast)		76700	U / S Abdomen		72131	CT Lumbar Spine w/Recon (76377)		72114	Lumbar Spine w Flex / Exten (7 view)
	70553	MRI Brain (with / w/o contrast)		76705	U / S Gallbladder / Liver / RUQ		74160	CT Abdomen (diaphragm to crest) w/		72120	Lumbar Spine Flex-Exten only (2 view)
	70553	MRI Pituitary (with / w/o)		76770	U / S Aorta		72193	CT Pelvis (crest to symphysis) w/		72200	S-I Joints
	70553	MRI IAC (with / w/o)		93976	U / S Hepatic Veins		74150	CT Abd w/o		72090	Scoliosis Survey
	70553	MRI Orbits (with / w/o)		76770	U / S Renal		72192	CT Pelvis w/o		73650	Heel / Os Calsis
	70554	MRA Head w/Recon (76377)		76856	U / S Pelvis		74177	CT A/P (with contrast)		73630	Foot Rt Lt
	70547	MRA Neck w/Recon (76377)		76830	U / S Transvaginal		74176	CT A/P Stone Protocol (w/o contrast)		73660	Toes RT Lt
	70540	MRI Face, Orbits, Neck (w/o)		76805	U / S Obstetrical		73200	CT Upper Extrim w/Recon (76377) Rt Lt		73610	Ankle Rt Lt
	70336	MRI TMJ		76870	U / S Testicular		73700	CT Lower Extrim w/Recon (76377) Rt Lt		73590	Tibia-fibula Rt Lt
	71550	MRI Chest		76536	U / S Thyroid		70496	CTA Head w/Recon (76377)		73562	Knee Rt Lt
	71550	MRI Brachial Plexus		93880	U / S Carotids		70498	CTA Neck w/Recon (76377)		73550	Femur Rt Lt
	72141	MRI Cervical (w/o contrast)		93970	U / S Venous flow (leg) Bilateral		71275	CT Chest w/ (PE Protocol)		72170	Pelvis
	72156	MRI Cervical (with / w/o)		93971	U / S Venous flow (leg) Rt Lt		74175	CTA Abdomen w/ contrast		73030	Shoulder Rt Lt
	72146	MRI Thoracic (w/o contrast)			Other:			Other:		73000	Clavicle Rt Lt
	72157	MRI Thoracic (with / w/o)								73060	Humerus Rt Lt
	72148	MRI Lumbar (w/o contrast)								73080	Elbow Rt Lt
	72158	MRI Lumbar (with / w/o)								73090	Forearm Rt Lt
	74185	MRA Abdomen w/Recon (76377)								73110	Wrist Rt Lt
	74181	MRI Abdomen								73130	Hand Rt Lt
	74181	MRCF w/o								73140	Fingers Rt Lt
	72196	MRI Pelvis (with)	X	CPT	- CT -					70250	Skull Ap & Lat
	73220	MRI Upper Extreimity Rt Lt		70450	CT Head (without contrast)					70220	Sinuses
	73221	MRI Shoulder Rt Lt		70470	CT Head (with/without contrast)					70030	Orbits
	73221	MRI Elbow Rt Lt		70480	CT Orbit (with/without contrast)	X	CPT	- RADIOLOGY -		77072	Bone Age
	73221	MRI Wrist Rt Lt		70480	CT (IAC's, Mastoids)		71020	Chest PA / Lat		71111	Ribs - bilateral
	73718	MRI Lower Extreimity Rt Lt		70486	CT Sinuses /Face		71010	Chest PA only		73510	Hip Rt Lt
	73721	MRI Hip Rt Lt		70491	CT Neck (with contrast)		74000	KUB		72220	Sacrum / Coccyx
	73721	MRI Knee Rt Lt		70491	CT Mancuso Neck (with contrast)		74020	Abdomen (flat and erect)			Other:
	73721	MRI HindFoot -Ankle Rt Lt		71260	CT Chest /Thorax (with contrast)		72040	Cervical Spine AP LAT (2 view)			
	73718	MRI ForeFoot Rt Lt		71250	CT Chest w/o		72050	Cervical Spine 5 view		CPT	- BONE DENSITY -
	Other			72125	CT Cervical Spine w/Recon (76377)		72052	Cervical with Flex / Exten (7 view)		77080	Bone Density
	76377	3D Reconstruction		72128	CT Thoracic Spine w/Recon (76377)		72040	Cervical Spine Flex / Exten only (2 view)		CPT	- SCREENINGS -
							72070	Thoracic Spine AP / Lat (2 view)		-----	Cardiac Scoring
							72100	Lumbar Spine AP / Lat (2 view)		-----	S.A.V.E. Screenings (cartoids, aorta, ABI)
							72110	Lumbar Spine 5 view			

**MRI**  CONTRAST AS NEEDED PER RADIOLOGIST DISCRETION  
**FOR MRI PATIENTS:** Does the patient have kidney disease?  yes  no  
 If yes, we will need a current BUN and creatinine level.



PATIENTS OF ...



# ALBANY DIAGNOSTIC CENTER

We look forward to serving your diagnostic needs at Albany Diagnostic Center. Your exam will be performed by experienced, medical professionals whose goal is to produce studies and interpretations of the very highest quality.

A board-certified radiologist will interpret your exam and provide a report to your physician within 24 to 48 hours.

At Albany Diagnostic Center, we are committed to giving you individual attention and answering all your questions. Our Patient Care Advisors can inform you about the diagnostic procedure you will have, confirm your schedule, answer billing questions, etc.

Before your exam, a Patient Care Advisor will call you to obtain your health history and related diagnostic information. If it is more convenient, we invite you to call us at (229) 888-1624 with this information.

We have reserved a date and time on our schedule just for you, and we will confirm your appointment via phone. Please be sure that we have a home phone number (and work phone if applicable). **If you cannot keep your appointment, it is very important that you call to reschedule at least 24 hours in advance - (229) 888-1624.**

Please arrive at least 15 minutes before your scheduled appointment in order to finalize your paperwork. We appreciate the value of your time and will do our best to minimize your waiting time.

## THANK YOU

2624 Dawson Road - Albany, Georgia 31707  
 229.888.1624 - Fax: 229.888.1457  
 Toll Free: 866.888.1694



# Don't waste your time!

All you need to do is

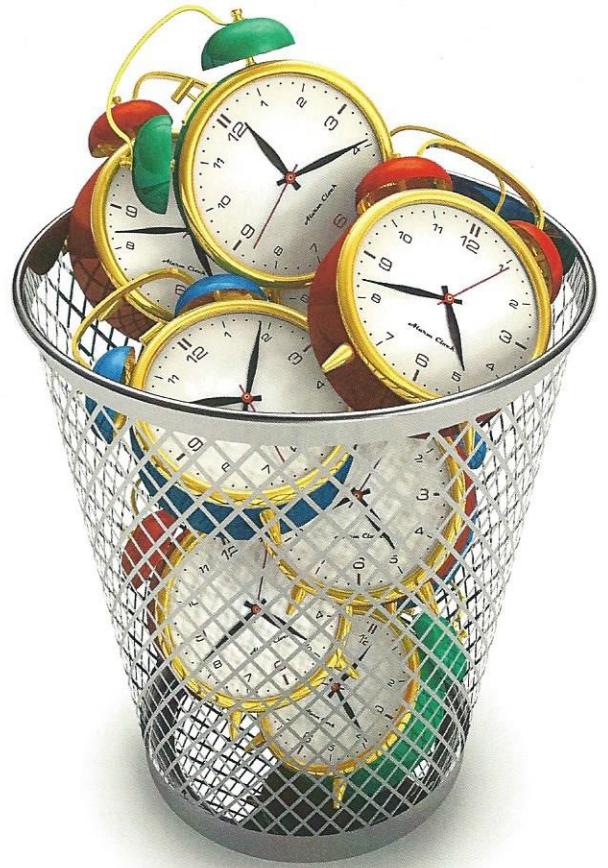
\*fax Order

\*fax Demographics

\*fax Clinical

\*notation that we need to schedule this for you would help.

We will fax order back to you with date and time of appointment.



Take advantage of our new

## NO CALL SCHEDULING

Because we know your time is valuable!

A L B A N Y  
**DIAGNOSTIC**  
C E N T E R

For more details about our new program, call  
Denise Brown at 229-296-0160