



COOSA DIAGNOSTIC CENTER

16 Riverbend Drive ▪ Rome, Georgia 30161
706-378-0611 ▪ Fax: 1-866-458-8346

REQUEST FOR RADIOLOGY SERVICES

Appointment Date: / /

Appointment Time: : A.M. P.M.

Please come dressed appropriately for your exam: MRI and CT exams comfortable clothing without metal snaps, buttons or buckles.

Forms available online for patients to fill out: www.coosadiagnostic.com

This information is to be completed and signed by the physician.

Patient Name: _____ Social Security #: _____ Patient's DOB: _____

Patient Phone: _____ Precert #: _____

Exam History / Diagnosis: _____

PHYSICIAN SIGNATURE: _____

| CPT | MRI / OPEN MRI | CPT | ARTHROGRAMS | CPT | CT continued | CPT | RADIOLOGY |
|-------|--|-------|-------------------------------|-------|------------------------------|-------|--------------------------|
| 70551 | MRI Brain (wo contrast) | 73222 | MRI Shoulder Rt Lt Arthrogram | 74178 | CT Abd / Pelvis Enterography | 71020 | Chest PA / Lat |
| 70553 | MRI Brain (w / wo contrast) | 73222 | MRI Elbow Rt Lt Arthrogram | 74178 | CT Urogram | 71021 | Chest Apica Lordotic |
| 70553 | MRI Brain & IAC's (w / wo contrast) | 73222 | MRI Wrist Rt Lt Arthrogram | | | 71010 | Chest Apical |
| 70553 | MRI Brain & Pituitary (w / wo contrast) | 73222 | MRI Wrist Rt Lt Arthrogram | | | 76000 | Chest Fluoro |
| 70543 | MRI Face (w / wo contrast) | 73722 | MRI Knee Rt Lt Arthrogram | | | 76000 | KUB |
| 70543 | MRI Orbit (w / wo contrast) | 73722 | MRI Ankle Rt Lt Arthrogram | | | 71022 | Abdomen (flat and erect) |
| 70543 | MRI Neck Soft Tissue (w / wo contrast) | 73722 | MRI Hip Rt Lt Arthrogram | | | 72400 | Cervical Spine AP / Lat |
| 70336 | MRI TMJ | | | | | 72400 | Cervical Spine 5 view |
| 71552 | MRI Brachial Plexus Rt Lt | | | | | 72052 | Cervical Flex-Exten |
| 77059 | MRI Breast (w / wo contrast) | | | | | 72040 | Cervical Spine obls only |
| 72141 | MRI Cervical (wo contrast) | | | | | 72072 | Thoracic Spine AP / Lat |
| 72156 | MRI Cervical (w / wo contrast) | | | | | 72100 | Lumbar Spine AP / Lat |
| 72146 | MRI Thoracic (wo contrast) | | | | | 72110 | Lumbar Spine 5 view |
| 72157 | MRI Thoracic (w / wo contrast) | | | | | 72202 | SI Joints |
| 72148 | MRI Lumbar (wo contrast) | | | | | 72120 | Lumbar Flex-Exten |
| 72158 | MRI Lumbar (w / wo contrast) | | | | | 72090 | Scoliosis Survey |
| 72195 | MRI Pelvis (wo contrast) | | | | | 74246 | UGI |
| 72197 | MRI Pelvis (w / wo contrast) | | | | | 74220 | Barium Swallow |
| 72195 | MRI Sacrum (wo contrast) | | | | | 74249 | UGI and Small Bowel |
| 73721 | MRI Hip Rt Lt (wo contrast) | | | | | 74250 | Small Bowel |
| 73723 | MRI Hip Rt Lt (w / wo contrast) | | | | | 74270 | BE |
| 73221 | MRI Shoulder Rt Lt (wo contrast) | | | | | 73630 | Foot Rt Lt |
| 73221 | MRI Elbow Rt Lt (wo contrast) | | | | | 73660 | Toes Rt Lt |
| 73221 | MRI Wrist Rt Lt (wo contrast) | | | | | 73610 | Ankle Rt Lt |
| 73218 | MRI Hand Rt Lt (wo contrast) | | | | | 73590 | Tibia-fibula Rt Lt |
| 73218 | MRI Up Ext Rt Lt other than joint (wo contrast) | | | | | 73564 | Knee Rt Lt |
| 73721 | MRI Knee Rt Lt (wo contrast) | | | | | 73550 | Femur Rt Lt |
| 73721 | MRI Ankle Rt Lt (wo contrast) | | | | | 73510 | Hip Rt Lt |
| 73718 | MRI Foot - Hind - Mid - Fore Rt Lt (wo contrast) | | | | | 72170 | Pelvis |
| 73720 | MRI Foot - Hind - Mid - Fore Rt Lt (w / wo contrast) | | | | | 73030 | Shoulder Rt Lt |
| 73718 | MRI Low Ext Rt Lt other than joint | | | | | 73000 | Clavicle Rt Lt |
| 74181 | MRI Abdomen (wo contrast) | | | | | 73060 | Humerus Rt Lt |
| 74183 | MRI Abdomen (w / wo contrast) | | | | | 73080 | Elbow Rt Lt |
| 74183 | MRI Abdomen MRCP (w / wo contrast) | | | | | 73090 | Forearm Rt Lt |
| 74183 | MRI Abdomen Enterography (w / wo contrast) | | | | | 73110 | Wrist Rt Lt |
| | | | | | | 73130 | Hand Rt Lt |
| | | | | | | 73140 | Fingers Rt Lt |
| | | | | | | 71100 | Ribs Rt Lt |
| | | | | | | 71111 | Ribs -- Bilateral |
| | | | | | | 70250 | Skull ap & lat |
| | | | | | | 70220 | Sinuses |
| | | | | | | 70030 | Orbits |

FOR CT:
Does patient have kidney disease, have diabetes or over age of 70?
 Yes No
If yes to any of these, we will need BUN and Creatinine level within the last 3 months.

SCREENING
5571 CT - Cervical Screening
G0297 CT - Chest Lung / Low Dose

ULTRASOUND
76530 U/S Thyroid / Neck
76642 U/S Breast Rt Lt
19102 U/S Biopsy Rt Lt
93978 U/S Aorta Abdominal
76700 U/S Abdomen
76705 U/S GB / RUQ / Liver
76770 U/S Renal
76805 U/S Fetal Age
76830 U/S Transvaginal
76856 U/S Pelvis
93970 U/S Venous flow Bilateral
93971 U/S Venous flow Rt Lt
93880 U/S Carotids
76870 U/S Scrotum

BONE DENSITY
77085 Bone Density with Vertebral Assessment

FOR MRI:
Does patient have kidney disease, have diabetes or over age of 60?
 Yes No
If yes to any of these, we will need Creatinine level within the last 6 weeks.