The University of Texas at Austin
UT Health Austin

SCHEDULING
512-495-5300, Option 4-3
FAX: 512-499-0995

Radiology Outpatient Ordering Form

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:

☐ ☐	☐ ☐	☐ ☐	☐ ☐

Screening maybe REQUIRED for IV contrast studies - Please select one:
☐ I authorize a BUN/Creatnine test to be performed prior to the procedure

☐ BUN/Creatnine results _____/_____ (Date Drawn) _____/_____/_____

A urine pregnancy test maybe 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 71010	☐ Abdomen 2V CPT 74020	☐ Pelvis CPT 72170	☐ C Spine 4/5V CPT 72052	☐ Sinuses 3V CPT 70220
☐ Chest 2v CPT 71020	☐ Acute Abdomen CPT 74022	☐ Hip L R CPT 73510	☐ T Spine 3V CPT 72072	☐ Extremity (Specify) _____
☐ Ribs Bilat CPT 71111	☐ KUB 1v CPT 74000	☐ C Spine 3V CPT 72040	☐ L Spine 2/3V CPT 72109	☐ Other (Specify) _____

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

COMPUTED TOMGRAPHY (CT)

☐ Head/Brain w/o CPT 70450
☐ Head/Brain w/ CPT 70460
☐ Head/Brain wow CPT 70470
☐ Facial w/o CPT 70486
☐ Facial w/ CPT 70487
☐ Orbit w/ CPT 70481
☐ Soft Tissue Neck w/o CPT 70490
☐ Soft Tissue Neck w CPT 70491
☐ Sinuses w/o CPT 70486
☐ Sinuses w/ CPT 70487
☐ Chest w/o CPT 71250
☐ Chest w/ CPT 71260
☐ C Spine w/o CPT 72125
☐ C Spine w CPT 72126
☐ T Spine w/o CPT 72128
☐ T Spine w CPT 72129
☐ L Spine w/o CPT 72131
☐ L Spine w CPT 72132
☐ Abdomen w/o CPT 74150
☐ Abdomen w/ CPT 74160
☐ Abdomen wo CPT 74170
☐ Pelvis w/o CPT 72192
☐ Pelvis w/ CPT 72193
☐ ABD &Pelvis w/o CPT 74176
☐ ABD &Pelvis w CPT 74177
☐ ABD &Pelvis wow CPT 74178
☐ Other (specify)_____

CTA:
☐ Head CPT 70496
☐ Neck CPT 70498
☐ Chest CPT 71275
☐ Abdomen CPT 74175
☐ Pelvis CPT 72191
☐ Abdomen & Pelvis CPT 74174
☐ Extremity: _____
☐ Other: _____

MRI

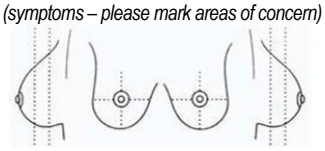
☐ Brain w/o CPT 70551
☐ Brain wow CPT 70553
☐ Brain Spectroscopy CPT 76390
☐ Internal Auditory Canal CPT 70486
☐ Limited Stereotactic Brain w/ CPT 7055252
☐ Sella/Pituitary wow CPT 70553
☐ Orbits/Face wow CPT 70543
☐ Orbits/Face w/o CPT 70540
☐ Cervical w/o CPT 72141
☐ Cervical wow CPT 72156
☐ Thoracic w/o CPT 72146
☐ Thoracic wow CPT 72157
☐ Lumbar w/o CPT 72148
☐ Lumbar wow CPT 72158
☐ Soft Tissue Neck w/o CPT 70540
☐ Soft Tissue Neck wow CPT 70543
☐ Chest w/o CPT 71550
☐ Chest wow CPT 71552
☐ Abdomen w/o CPT 74181
☐ Abdomen wow CPT 74183
☐ Pelvis w/o CPT 72195
☐ Pelvis wow CPT 72197
☐ Extremity
☐LT ☐RT ☐WOW ☐LW/O
☐ Other (specify)_____

MRA:
☐ Head w/o CPT 70544
☐ Head w CPT 70545
☐ Neck wow CPT 70549
☐ Chest CPT 71555/C8911
☐ Abdomen CPT 74185/C8902
☐ Other (specify)_____

MAMMOGRAPHY

☐ Screening only Bilateral CPT G0202/77052
☐ Diagnostic Bilateral CPT G02024/77051
☐ Diagnostic Unilateral with US abnormal or suspicious CPT G0206/77051

(symptoms – please mark areas of concern)



☐ Bone Density CPT 77080

ULTRASOUND

☐ Head/Neck Soft Tissue CPT 76536
☐ Thyroid CPT 76536
☐ Chest CPT 76604
☐ Abdomen complete CPT 76700
☐ Renal (Kidneys/Bladder) CPT 76770
☐ Abdomen limited CPT 76705
☐ Retroperitoneal (Aorta, IVC, Nodes) CPT 76770
☐ Testicular CPT 76870
☐ Pelvis (Transvaginal and/or Doppler Imaging may be required) CPT 76856
☐ Transvaginal-Non-OB CPT 76830
☐ Doppler CPT 93976
☐ OB<14wks. 1st Trimester CPT 76801
☐ OB<14wks. 2nd or 3rd Trimester CPT 76805
☐ Transvaginal OB CPT 76817
☐ Carotid Doppler Bilateral CPT 93880
☐ Venous Doppler
☐LT ☐RT ☐Arm CPT 93970
☐LT ☐RT ☐Leg CPT 93971
☐ Arterial Doppler
☐LT ☐RT ☐Arm
☐LT ☐RT ☐Leg
☐ Other _____

FLUOROSCOPY

☐ Barium Swallow CPT 74230
☐w/speech CPT 92611

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