



CT Exam Request Form

100 Corporate Center Drive, Camp Hill, PA 17011 * Phone 717-724-0380 * Fax 717-724-0384

Patient Name: _____ DOB: _____

Patient Phone# _____

Reason for Study: _____ DX CODE: _____

Insurance: _____ ID# _____

AUTH # (or reference #): _____

Your Facility Name: _____

Requesting Physician: _____ Office Contact: _____

Address: _____ Phone & Extension _____

Fax # _____

Tax ID# _____ NPI # _____

- | | |
|---|--|
| <input type="checkbox"/> CT Abdomen & Pelvis w/o contrast [74176] | <input type="checkbox"/> CT Thoracic Spine w/o contrast [72128] |
| <input type="checkbox"/> CT Abdomen only w/o contrast [74150] | <input type="checkbox"/> CT Lumbar Spine w/o contrast [72131] |
| <input type="checkbox"/> CT Pelvis only w/o contrast [72192] | <input type="checkbox"/> CT Upper Extremity w/o contrast [73200] |
| <input type="checkbox"/> CT Chests w/o contrast [71250] | <input type="checkbox"/> CT Lower Extremity w/o contrast [73700] |
| <input type="checkbox"/> CT Head/Brain w/o contrast [70450] | <input type="checkbox"/> CT Heart w/o contrast (Calcium Score) [75571] |
| <input type="checkbox"/> CT Sinuses w/o contrast [70486] | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> CT Cervical Spine w/o contrast [72125] | |

CT'S WITH CONTRAST

If patient has known history of contrast reaction or known contraindication to iodinated contrast this study should be done within a hospital.

- | | |
|--|--|
| <input type="checkbox"/> CT Abdomen & Pelvis with contrast [74177] | <input type="checkbox"/> CT Chest with contrast [71260] |
| <input type="checkbox"/> CT Abdomen & Pelvis with & w/o contrast [74178] | <input type="checkbox"/> CT Chest with & w/o contrast [71270] |
| <input type="checkbox"/> CT Abdomen only with contrast [74160] | <input type="checkbox"/> CT Head/Brain with & w/o contrast [70470] |
| <input type="checkbox"/> CT Pelvis only with contrast [72193] | <input type="checkbox"/> CT Soft Tissue Neck w/contrast [70491] |
| <input type="checkbox"/> CT Abdomen only with & w/o contrast [74170] | <input type="checkbox"/> Contrast material [Q9967] |
| <input type="checkbox"/> CT Pelvis only with & w/o contrast [72194] | <input type="checkbox"/> Other: _____ |

IF REQUESTING CONTRAST STUDY THE FOLLOWING QUESTIONS MUST BE ASKED

Is patient taking:

- | | | |
|---|--|--------------|
| <input type="checkbox"/> Actoplus | <input type="checkbox"/> Glyburide w/Metformin | Other: _____ |
| <input type="checkbox"/> Avandamet | <input type="checkbox"/> Janumet | _____ |
| <input type="checkbox"/> Fortamet | <input type="checkbox"/> Metaglip | _____ |
| <input type="checkbox"/> Glucophage & Glucophage XR | <input type="checkbox"/> Metformin HCl | |
| <input type="checkbox"/> Glucovance | <input type="checkbox"/> Riomet | |

ANY CHANCE OF PREGNANCY? YES NO

Are you allergic to IV contrast or iodine? YES NO

Are you diabetic? YES NO

Sickle Cell Anemia? YES NO

Multiple Myeloma? YES NO

History of Congestive Heart Failure? YES NO

IV Contrast within 72 hours? YES NO

Do you have Renal/Kidney Disease? YES NO

Do you have high blood pressure? YES NO

If yes, what medications are you taking? _____

Have you or your loved one traveled to West Africa in the last 30 days? YES NO

Approximate Weight: _____ lbs.

BUN/Creat (if available): _____ for patients who will receive IV contrast
(As Per UCPA - BUN/Creat is required for patients over 60 or over age 50 with history of diabetes, and for any patient with history of renal insufficiency, dialysis, kidney transplant, single kidney, renal cancer, renal surgery)
*Test results must be within the last 30 days.

If bloodwork is required, what location will the patient be having it performed at: _____
(Note: This information is to assist in locating results.)

Comments/Additional Instructions/Previous Studies: