



MACOMB

Diagnostic Imaging Department - RADIOLOGY
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PLEASE ARRIVE 15 MINUTES PRIOR TO APPOINTMENT TIME

Today's Date: _____

PHYSICIAN ORDER FORM - RADIOLOGY SERVICES

NAME: _____ BIRTHDATE: _____
Home Phone Number: _____ Cell Phone Number: _____
APPOINTMENT DATE: _____ TIME: _____

REFERRING PHYSICIAN: _____ Physician Phone Number: _____
Physician Signature (REQUIRED): _____ Fax Number: _____

ROUTINE RADIOLOGY EXAMS

CHECK EXAM TO BE PERFORMED WITH APPROPRIATE REASON / ICD-10 CODE

Table with 4 columns: ABDOMEN, CPT, CHEST, CPT. Rows include One View Abdomen (74000), Flat/Upright Abdomen (74020), KUB (Flat Abdomen) (74000), Acute Abdomen w/PA Chest (74022), Chest, Single PA/AP (71010), PA & Lateral Chest (71020), Ribs, w/PA Chest (71101), Bilateral Ribs w/PA Chest (71111).

Unlisted Exam/Special Instructions: _____

REASON FOR EXAM/DIAGNOSIS REQUIRED _____ ICD-10: _____

CLINICAL HISTORY Relevant Signs/Symptoms-REQUIRED _____

Table with 4 columns: HEAD AND NECK, CPT, SPINE AND PELVIS, CPT. Rows include Eye for Foreign Body (70030), Facial Bones (70150), Nasal Bones (70160), Neck for Soft Tissue (70360), Sinuses-Paranasal 3 views (70220), Skull, Complete (70260), Cervical Spine with Flexion & Extension views (72052), Lumbosacral Spine w/Obliques (72110), Thoracic (Dorsal) Spine- AP, Lateral, Swimmers (72072), Pelvis (72170), Sacrum, Coccyx (72220), Sacroiliac (SI) Joints (72202), Scoliosis Survey, Standing (72069).

Unlisted Exam/Special Instructions: _____

REASON FOR EXAM/DIAGNOSIS REQUIRED _____ ICD-10: _____

CLINICAL HISTORY Relevant Signs/Symptoms-REQUIRED _____

Table with 4 columns: LOWER EXTREMITY, CPT, UPPER EXTREMITY, CPT. Rows include Ankle- 3 view (73610), Femur (73550), Foot- 3 view (73630), Hip (73510), Knee- 3 view (73562), Os Calcis (73650), Tibia/Fibula (73590), Toe (73660), Ac Joints, Bilateral (73050), Elbow- 3 view (73080), Fingers (73140), Forearm (73090), Hand- 3 view (73130), Humerus (73060), Scapula (73010), Shoulder (73030), Wrist- 3 view (73110).

Unlisted Exam/Special Instructions: _____

REASON FOR EXAM/DIAGNOSIS REQUIRED _____ ICD-10: _____

For Fracture indicate the following: Initial Subsequent Routine Delayed healing

CLINICAL HISTORY Relevant Signs/Symptoms-REQUIRED _____