P 0 0 0 2 0

HAMILTON DIAGNOSTICS

1407 N. Thornton Ave. • Dalton, GA 30721

Please bring this form along with your medication list, insurance cards and a picture ID to your appointment. Please arrive 15 minutes prior to appointment.

Radiology Imaging Services

Patient Name:	SSN:	DOB:
Patient Phone:	Appointment Date/Time:	

COMPUTED TOMOGRAPHY (CT)

	W/O	W/	W/WO
Brain	70450	70460	70470
Maxillofacial	70486	70487	70488
Orbit/Sell/IAC	70480	70481	70482
Sinus	70486		
Neck Soft Tissue	70490	70491	70492
Neck Soft Tissue 4D			70492
Chest	71250	71260	71270
Lung Cancer Screening	71271		
Heart Calcium Score	75571		
Abdomen	74150	74160	74170
Abdomen & Pelvis	74176	74177	74178
Pelvis	72192	72193	72194
Spine Cervical	72125	72126	72127
Spine Thoracic	72128	72129	72130
Spine Lumbosacral	72131	72132	72133
CT Upper Ext. R L	73200	73201	73202
CT Lower Ext. R L	73700	73701	73702
MAKO Knee	73700		
MAKO Hip	73700		
Enterography			74177

Other_____

CT ANGIO

Brain	70496
Neck	70498
Chest(non-coronary)	71275
Abdomen	74175
Abdomen & Pelvis	74174
Abdomen Aorta+Iliofemoral	75635

Other_____

RADIOGRAPHY / SPINE

Spine Cervical 2-3 Views	72040
Spine Cervical 4-5 Views	72050
Spine Cervical (6+)w / Flex+Exten	72052
Spine Thoracic 2 Views	72070
Spine Thoracic 3 Views	72072
Spine Lumbosacral 2-3 Views	72100
Spine Lumbosacral 4-5 Views	72110
Spine Lumbosacral w / Bending 6+	72114

Other_____

RADIOGRAPHY

Chest 1 View		71045
Chest 2 View		71046
Abdomen - 1 View		74018
Abd - Flat/upright		74019
Add Serie / Chest 1 View		74022
Rids 3 View Bilateral		71110
Ribs w / PA Chest Bilat		71111
Pelvis 1-2 View		72170
Sacrum/Coccyx		72220
Skull < 4 View		70250
Skull Complete		70260
Sinus < 3 View		70210
Facial Bones < 3 View		70140
Nasal Bones		70160
Neck Soft Tissue		70360
Spine Scoliosis 2-3 View		72082
Bone Age		77072
Bone Survey Complete		77075
Clavicle	R L	73000
Scapula	R L	73010

Other_____

RADIOGRAPHY / EXTREMITY (CIRCLE)

Upper Extremity Infant	R L	73092
Finger	R L	73140
Hand Complete 3+ View	R L	73130
Wrist Complete 3+ View	R L	73110
Forearm	R L	73090
Elbow Complete 3+ View	R L	73080
Humerus	R L	73060
Shoulder Comp 2+ View	R L	73030
Lower Extremity Infant	R L	73592
Toes	R L	73660
Foot Complete 3+ View	R L	73630
Ankle Complete 3+ View	R L	73610
Tib/Fib	R L	73590
Knee Complete 4+ View	R L	73564
Knee 3 view	R L	73562
Femur 2 View	R L	73552
Hip-unilateral w/pelvis	R L	73501
Hip-unilateral 2-3 view	R L	73502
Hips-bilat w/pelvis		73521
Hips-bilateral 3-4 views		73522

Other_____

RADIOGRAPHY/FLUOROSCOPY

Esophagus		74220
Esophagus w/air contrast		74221
Upper GI		74240
Upper GI w/air contrast		74246
Upper GI w/air w/ Smal Bowel		74248
Small bowel study		74250
Barium Enema		74270
Barium Enema w/air		74280
IVP		74400
Cystogram		74430
Voiding Urethrocystography		74455
Hysterosalpingogram		74740
Arthrogram Shoulder	R L	73040
Arthrogram Hip	R L	73525
Arthrogram Knee	R L	73580
Myelogram Cervical		72240
Myelogram Thoracic		72255
Myelogram Lumbosacral		72265
Myelogram 2 or More Regions		72270
Lumbar Puncture		62328
Inj Cnt CVAD Eval (Port Check)		36598
Joint Maj Arthr / Asp / Inj (Specif)		20605

Other_____

MRI

	W/O	W&WO
Brain	70551	70553
IACs (Brain)		70553
Orbits		70543
Soft Tissue Neck		70543
Spine Cervical	72141	72156
Spine Thoracic	72146	72157
Spine Lumbosacral	72148	72158
Abdomen	74181	74183
Pelvis	72195	72197
Upper Ext non- joint	73218	73220
Hand, Forearm, Humerus		R L
Upper Ext Joint	73221	73223
Shoulder, Elbow, or Wrist		R L
Lower Ext non-joint	73718	73720
Foot, Tib-Fib, Femur		R L
Lower Ext Joint	73721	73723
Hip, Knee or Ankle		R L

Other_____

MRA Head	70544
MRA Neck	70547

Other_____

Diagnosis Codes:	Authorized Provider (Print)		
Reason For Exam:	Authorized Provider Signature	DATE:	TIME:

Fax order to: 706-529-8060 **Phone: 706-272-6565**

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Patent Name:	**SSN:**	**DOB:**
Patent Phone:	**Appointment Date/Time:**	

Nuclear Medicine

Bone Imaging Limited	78300
Bone Imaging Whole Body	78306
Bone Marrow Imaging Limited	78102
Bone Spect	78803
Bone Three Phase Study	78315
Brain Spect - Datscan	78803
Cardiac Amyloid PYP Spect	78803
Gastric Emptying Study	78264
Gastrointestinal Blood Loss Imaging	78278
Hepatobiliary Imaging	78226
Hepatobiliary Imaging w/Drug	78227
Inflammation Loc Limited	78803
Inflammation Loc Whole Body	78804
Intestine Imaging Meckels	78290
Kidney Imaging Single w/o Pharm	78707
Kidney Imaging Single w/Pharm	78708
Liver/Spleen Imaging	78215
Lung Perfusion Imaging	78597
Lung Perfusion Differential Imaging	78580
Lung Vent/Perf Imaging	78582
Parathyroid Imaging	78071
Radiopharm Therapy IV Admin	79101
Radiopharm Therapy Oral Admin	79005
Sentinel Node	78195
Sentinel Node Inj EO	38792
Thyroid Cancer Imaging Whole body	78018
Thyroid Uptake Single or Multi	78014
Tumor Loc Whole Body 2+Days	78831

Other_____

PET / CT

Prostate w/ Axumin	78815
Prostate Whole Body w/Axumin	78816
Skull Base to Midthigh (FDG)	78815
Whole Body (FDG)	78816
Skull Base to Midthigh NET *(Dotatate neuro-endocrine)*	78815
Whole Body NET *(Dotatate neuro-endocrine)*	78816

Other_____

Ultrasound

Neonatal Head			76506
Head/Neck Soft Tissues			76536
Thyroid			76536
Breast limited	R	L	76642
Breast complete	R	L	76641
Abdomen complete Abdomen			76700
limited(specify area)			76705
Retroperitoneal complete			76770
Retroperitoneal limited			76775
Scrotum			76870
Pelvis Complete (Non-OB)			76856
Transvaginal(non-OB)			76830
OB <14 weeks			76801
OB > 14 weeks			76805
Hips (infant)			76885
Extremity (non-vascular)	R	L	76881
Carotid-bilateral			93880
Paracentesis			49083
Thoracentesis			32555

Biopsy_____

Other_____

Ultrasound Upper Extremity

Upper Ext Arterial Duplex Bilateral			93930
Upper Ext Arterial Duplex	R	L	93931
Upper Ext VENOUS Duplex Bilateral			93970
Upper Ext VENOUS Duplex	R	L	93971

Ultrasound Lower Extremity

Lower Ext Arterial Duplex Bilateral			93925
Lower Ext Arterial Duplex	R	L	93926
Lower Ext VENOUS Duplex Bilateral			93970
Lower Ext VENOUS Duplex	R	L	93971

Diagnosis Codes:	**Authorized Provider (Print)**		
Reason For Exam:	**Authorized Provider Signature**	**DATE:**	**TIME:**