

Appointment Date: _____ Appointment Time: _____ Arrival Time: _____

Date: _____

Patient Name: _____ DOB: _____

Patient Phone Number: _____ Auth.#: _____

Diagnosis / ICD-10 Code: _____ Validity Dates: _____

Physician's Signature: _____ **STAT**

Physician's Name (please print): _____ **Call Results #** _____

Please answer below for MRI, CT or PET Exams

Height: _____ Diabetic Pacemaker (NO MRI, CT RECOMMENDED) Metal (where): _____ Prior Imaging: _____
 Weight: _____ Claustrophobic Stent (please provide copy of stent card) Pins Other: _____
 Wheelchair Implants (other than breast) Over 60, or history of kidney disease

MRI (OPEN MRI 500 lbs. • CLOSED MRI 350 lbs.)

Without IV Contrast With and Without IV Contrast

- | | | |
|---|---|--|
| <input type="checkbox"/> Head/Brain | <input type="checkbox"/> IAC's (wo/w) | <input type="checkbox"/> Face |
| <input type="checkbox"/> Lumbar Spine | <input type="checkbox"/> Cervical Spine | <input type="checkbox"/> Neck |
| <input type="checkbox"/> Abdomen | <input type="checkbox"/> Pelvis | <input type="checkbox"/> Thoracic Spine |
| <input type="checkbox"/> Pituitary (wo/w) | <input type="checkbox"/> Orbits (wo/w) | <input type="checkbox"/> MRCP (Bile Ducts Pancreatic Duct, Gallbladder *No Contrast) |
- Upper Extremity**
- | | | | |
|---------------------------------------|------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Shoulder R L | <input type="checkbox"/> Wrist R L | <input type="checkbox"/> Hip R L | <input type="checkbox"/> Ankle R L |
| <input type="checkbox"/> Humerus R L | <input type="checkbox"/> Hand R L | <input type="checkbox"/> Femur R L | <input type="checkbox"/> Foot R L |
| <input type="checkbox"/> Elbow R L | | <input type="checkbox"/> Knee R L | <input type="checkbox"/> Forefoot |
| <input type="checkbox"/> Forearm R L | | <input type="checkbox"/> Tib/Fib R L | <input type="checkbox"/> Midfoot <input type="checkbox"/> Hindfoot |
| <input type="checkbox"/> Other | | | |

DIGITAL X-RAY (350 lbs.)

- | | | | | |
|--|-----------------------------------|-----|----------------------------------|-----|
| <input type="checkbox"/> C-Spine | <input type="checkbox"/> Clavical | R L | <input type="checkbox"/> Ribs | R L |
| <input type="checkbox"/> T-Spine | <input type="checkbox"/> Shoulder | R L | <input type="checkbox"/> Hip | R L |
| <input type="checkbox"/> L-Spine | <input type="checkbox"/> Scapula | R L | <input type="checkbox"/> Femur | R L |
| <input type="checkbox"/> Pelvis | <input type="checkbox"/> Humerus | R L | <input type="checkbox"/> Knee | R L |
| <input type="checkbox"/> Chest 1-View | <input type="checkbox"/> Elbow | R L | <input type="checkbox"/> Tib/Fib | R L |
| <input type="checkbox"/> Chest 2-View | <input type="checkbox"/> Forearm | R L | <input type="checkbox"/> Ankle | R L |
| <input type="checkbox"/> Abdomen/KUB | <input type="checkbox"/> Wrist | R L | <input type="checkbox"/> Foot | R L |
| <input type="checkbox"/> 3-Way Abdomen | <input type="checkbox"/> Hand | R L | <input type="checkbox"/> Toes | R L |
| <input type="checkbox"/> Skull | <input type="checkbox"/> Fingers | R L | | |
| <input type="checkbox"/> Sinuses | | | | |
| <input type="checkbox"/> Facial Bones | | | | |
| <input type="checkbox"/> Other | | | | |

MRA

- Brain/Head
 w/o
 Carotids
 w/o w/o / w

CTA (with)

- | | |
|---|--|
| <input type="checkbox"/> Mesenteric Vessels | <input type="checkbox"/> Brain |
| <input type="checkbox"/> Pelvis | <input type="checkbox"/> Carotids |
| <input type="checkbox"/> Renal | <input type="checkbox"/> Chest for PE |
| <input type="checkbox"/> Thoracic Aorta | <input type="checkbox"/> Abdominal Aorta |
| <input type="checkbox"/> Stent Graft | <input type="checkbox"/> Stent Graft |

PET/CT (360 lbs.)

- Whole Body Skull Base to Mid Thigh
- Pylarify/PSMA Axumin
- Whole Body Whole Body
- Skull Base to MidThigh Skull Base to Mid Thigh

CT (350 lbs.)

With IV Contrast Without IV Contrast With and Without IV Contrast

- | | |
|--|--|
| <input type="checkbox"/> Head | <input type="checkbox"/> Orbits |
| <input type="checkbox"/> Lumbar Spine | <input type="checkbox"/> Cervical Spine |
| <input type="checkbox"/> Chest (W or W/O IV Contrast Only) | <input type="checkbox"/> Abdomen |
| <input type="checkbox"/> Urogram | <input type="checkbox"/> Sinus |
| <input type="checkbox"/> Coronary Artery Calcium Scoring | <input type="checkbox"/> Thoracic Spine |
| <input type="checkbox"/> Temporal Bones | <input type="checkbox"/> Pelvis |
| <input type="checkbox"/> Renal Mass Protocol (Abd/Pelvic W & W/O Contrast) | <input type="checkbox"/> Stoft Tissue Neck |
| <input type="checkbox"/> Stone Protocol (Abd and Pelvic W/O Contrast) | <input type="checkbox"/> Neck/Carotids |
- Upper Extremity**
- | | | | |
|---------------------------------------|------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Shoulder R L | <input type="checkbox"/> Wrist R L | <input type="checkbox"/> Hip R L | <input type="checkbox"/> Ankle R L |
| <input type="checkbox"/> Humerus R L | <input type="checkbox"/> Hand R L | <input type="checkbox"/> Femur R L | <input type="checkbox"/> Foot R L |
| <input type="checkbox"/> Elbow R L | | <input type="checkbox"/> Knee R L | <input type="checkbox"/> Forefoot |
| <input type="checkbox"/> Forearm R L | | <input type="checkbox"/> Tib/Fib R L | <input type="checkbox"/> Midfoot <input type="checkbox"/> Hindfoot |
| <input type="checkbox"/> Other | | | |

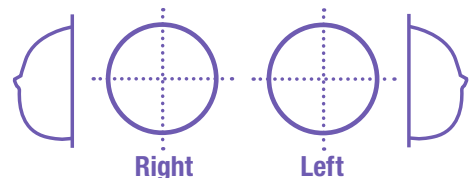
BONE DENSITOMETRY (475 lbs.)

- Bone Density (Bilateral Hips and Spine)
- Bone Density (Wrist)
- Dual Energy Vertebral Assessment
- Other

DIGITAL MAMMOGRAPHY

- Screening Mammogram R L Bilateral
 (Additional views with Ultrasound and Diagnostic Mammo if indicated)
- Diagnostic Mammogram R L Bilateral
 (Additional views with Ultrasound if indicated)

Please indicate area of concern.



Implants: Yes No

Previous Mammogram: Yes No Where: _____

Other: _____

VASCULAR ULTRASOUND

- | | |
|--|--|
| <input type="checkbox"/> ABI | <input type="checkbox"/> Venous Doppler Lower Ext. R L |
| <input type="checkbox"/> Venous Doppler Upper Ext. R L | <input type="checkbox"/> Arterial Doppler Lower Ext. R L |
| <input type="checkbox"/> Arterial Doppler Upper Ext. R L | <input type="checkbox"/> Carotids |



CPT Code Guide for MRI/PET/CT

MRI Head & Neck (Soft Tissue)

- 70540 MRI Orbit, Face, Neck, Sella w/o
- 70543 MRI Orbit, Face, Neck, Sella w/ wo
- 70551 MRI Brain w/o
- 70553 MRI Brain w/ wo
- 70553 MRI Brain IAC w/ wo
- 70553 MRI Brain Pituitary w/ wo

MRI Spine

- 72141 MRI Cervical Spine w/o
- 72156 MRI Cervical Spine w/ wo
(can only be ordered if there is a concern for abscess, infection, mass, or prior surgery)
- 72146 MRI Thoracic Spine w/o
- 72157 MRI Thoracic Spine w/ wo
(can only be ordered if there is a concern for abscess, infection, mass, or prior surgery)
- 72148 MRI Lumbar Spine w/o
- 72158 MRI Lumbar Spine w/ wo
(can only be ordered if there is a concern for abscess, infection, mass, or prior surgery)
- 72195 MRI Sacrum & Coccyx w/o
- 72197 MRI Sacrum & Coccyx w/ wo
(can only be ordered if there is a concern for abscess, infection, mass, or prior surgery)

MRI Upper Extremity

- 73218 MRI Upper Extremity, No Joint w/o
- 73220 MRI Upper Extremity, No Joint w/ wo
(Humerus/Forearm/Hand)
(can only be ordered if there is a concern for abscess, infection, mass, or prior surgery)
- 73221 MRI Upper Extremity Joint w/o
- 73223 MRI Upper Extremity Joint w/ wo
(Shoulder/Elbow/Wrist)
(can only be ordered if there is a concern for abscess, infection, mass, or prior surgery)

MRI Abdomem & Pelvis

- 74181 MRI Abdomen w/o
- 74181 MRCP w/o
- 74183 MRI Abdomen w/ wo
- 72195 MRI Pelvis w/o
- 72197 MRI Pelvis w/ wo

MRI Lower Extremity

- 73718 MRI Lower Extremity, No Joint w/o
- 73720 MRI Lower Extremity, No Joint w/ wo
(Femur/Tib/Fib/Foot)
(can only be ordered if there is a concern for abscess, infection, mass, or prior surgery)
- 73721 MRI Lower Extremity Joint w/o
- 73723 MRI Lower Extremity Joint w/ wo
(Hip/Knee/Ankle)
(can only be ordered if there is a concern for abscess, infection, mass, or prior surgery)

MRI Angiography

- 70544 MRA Head/COW w/o
- 70547 MRA Neck w/o
- 70549 MRA Neck w/ wo

PET/CT SCAN: Skull Base

- 78815 Skull Base to Mid-thigh
- 78815/A9595 Skull Base to Mid-thigh w/ PSMA-Pylarify
- 78815/A9588 Skull Base to Mid-thigh w/ Axumin

PET/CT SCAN: Whole Body

- 78816 Whole Body
- 78816/A9595 Whole Body w/ PSMA-Pylarify
- 78816/A9588 Whole Body w/ Axumin

CT Head & Neck

- 70450 CT Brain w/o Contrast
- 70470 CT Brain w/wo Contrast
(can be ordered if there is a contraindication to doing an MRI)
- 70486 CT Sinus w/o
- 70486 CT Facial Bones w/o Contrast
- 70487 CT Facial Bones w/ Contrast
(can only be ordered if there is a concern for abscess, infection, or mass)
- 70480 CT Orbits w/o Contrast
- 70481 CT Orbits w/ Contrast
- 70480 CT Temporal Bones w/o Contrast
- 70490 CT Soft Tissue Neck w/o Contrast
- 70491 CT Soft Tissue Neck w/ Contrast

CT Chest

- 71250 CT Chest w/o Contrast
- 71260 CT Chest w/ Contrast
- 75571 CT Calcium Scoring

CT Extremity

- 73200 CT Upper Extremity w/o
(Shoulder/Humerus/Elbow/Forearm/Wrist/Hand)
- 73700 CT Lower Extremity w/o
(Hip/Femur/Knee/Tib/Fib/Ankle/Foot)

CT Spine

- 72125 Cervical Spine w/o Contrast
- 72128 Thoracic Spine w/o Contrast
- 72131 Lumbar Spine w/o Contrast

CT Abdomen & Pelvis

- 74176 CT Abdomen & Pelvis w/o
- 74177 CT Abdomen & Pelvis w/
- 74178 CT Abdomen & Pelvis w/ wo
(can be ordered for Urograms, Hepatic, Renal, Adrenal, Pancreatic issues OR if recommended by a Radiologist)

CT Angiography

- 70496 CTA Head w/ wo
- 70496/70498 CTA Carotids w/
- 71275 CTA Chest/Thoracic Aorta w/
- 71275 CTA Pulmonary Arteries (PE) w/
- 75635 CTA Abdominal Aorta with Runoff w/
- 74174 CTA Abdomen & Pelvis w/

Digital X-Ray Head & Neck

- 70110 Mandible Complete
- 70140 Facial Bones Less than 3 Views
- 70150 Facial Bones Complete
- 70160 Nasal Bones Complete
- 70200 Orbits Complete 4 Views Minimum
- 70210 Sinus Less than 3 Views
- 70220 Sinus Complete
- 70250 Skull Less than 4 Views
- 70260 Skull Complete
- 70360 Soft Tissue Neck Lateral

Digital X-Ray Chest

- 71046 Chest 2 Views
- 71100 Ribs; Unilateral, 2 Views
- 71101 Ribs; Bilateral, 3 Views
- 71130 Sternoclavicular Joints

Digital X-Ray Spine

- 72040 Cervical Spine 2-3 Views
- 72050 Cervical Spine Complete w/ Flexion & Extension
- 72072 Thoracic Spine 3 Views
- 72100 Lumbar 2-3 Views
- 72110 Lumbar Spine Complete
- 72114 Lumbar Spine Complete w/ Flexion & Extension

Digital X-Ray Upper Extremities

- 73000 Clavical Unilateral Complete
- 73010 Scapula Complete 2 Views
- 73030 Shoulder Unilateral Complete
- 73050 AC Joints 2 Views
- 73060 Humerus 2 Views
- 73070 Elbow Unilateral Complete 2 Views
- 73090 Forearm Unilateral 2 Views
- 73110 Wrist Unilateral Complete
- 73130 Hand Unilateral Complete
- 73140 Fingers 2 Views

Digital X-Ray Abdomen

- 74018 Abdomen/KUB Single View
- 74019 Abdomen 2 Views Supine & Erect

Digital X-Ray Lower Extremities

- 73501 Hip Unilateral w/ Pelvis 1 View
- 73521 Hips Bilateral w/ AP Pelvis
- 73592 Hips/Pelvis Infant
- 73552 Femur 2 Views
- 73560 Knee Unilateral 1 or 2 View(s)
- 73562 Knee Unilateral Complete
- 73565 Bilateral Standing Knees
- 73590 Tibia/Fibula 2 Views
- 73592 Lower Extremity Infant 2 Views
- 73610 Ankle Unilateral 3 Views
- 73630 Foot Unilateral Complete 3 Views
- 73660 Toes 2 Views
- 72170 Pelvis 1 or 2 View(s)



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PLEASE CALL FOR AN APPOINTMENT

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