

SCHEDULING
 P: 561.496.6935
 F: 561.496.6936
 See back for addresses

- Patient will call to schedule
- Call patient to schedule
- Obtain authorization

TAX ID
 65-0378614
NPI
 1730125261

- If faxing an order, please include:**
- Demographics
 - Insurance card
 - Clinical notes



| | | | |
|---|----------------|-----------------|---|
| Appointment date and time | | Patient DOB | O M O F |
| Patient name (as shown on insurance card) | | Primary phone # | Secondary phone # |
| Insurance name | Insurance ID # | Authorization # | <input type="radio"/> Private <input type="radio"/> Government <input type="radio"/> L&I Workers' comp <input type="radio"/> No insurance |

(REQUIRED) Written diagnosis/reason/symptom for exam(s). Must include **specific** clinical indications (such as location, context and severity) to support medical necessity for each test.

Clinical notes/special protocol

Is the exam/procedure related to an injury? No Yes If yes Initial Subsequent or Sequela

| CT Circle CPT code for IV contrast option | w/o IV | w/IV | w/ & w/o IV |
|---|--------|-------|-------------|
| <input type="radio"/> Dual energy: Available at all locations except Wellington | | | |
| <input type="radio"/> Head | 70450 | 70460 | 70470 |
| <input type="radio"/> Sinuses: Complete <input type="radio"/> Sinus Medtronic | 70486 | n/a | n/a |
| <input type="radio"/> Orbits: ___ w/3D (+76376) <input type="radio"/> IAC <input type="radio"/> Temporal bones <input type="radio"/> Mastoids | 70480 | 70481 | 70482 |
| <input type="radio"/> Max/Facial bones: ___ w/3D (+76376) <input type="radio"/> Jaw/TMJ ___ w/3D (+76376) | 70486 | 70487 | n/a |
| <input type="radio"/> Soft tissue neck | 70490 | 70491 | 70492 |
| <input type="radio"/> Spine Cervical: ___ w/3D (+76376) | 72125 | 72126 | n/a |
| <input type="radio"/> Spine Thoracic: ___ w/3D (+76376) | 72128 | 72129 | n/a |
| <input type="radio"/> Spine Lumbar: ___ w/3D (+76376) | 72131 | 72132 | n/a |
| <input type="radio"/> Chest | 71250 | 71260 | 71270 |
| <input type="radio"/> Abdomen only | 74150 | 74160 | 74170 |
| <input type="radio"/> Pelvis only: ___ w/3D (+76376) | 72192 | 72193 | 72194 |
| <input type="radio"/> Abdomen & pelvis: ___ Oral contrast ___ No oral contrast | 74176 | 74177 | 74178 |
| <input type="radio"/> Enterography abdomen/pelvis | n/a | 74177 | n/a |
| <input type="radio"/> CT IVP (abd/pelvis) ___ w/pre & post KUB (74018) ___ w/IVP (74400) | n/a | n/a | 74178 |
| <input type="radio"/> CT IVP (CT only) | n/a | n/a | 74178 |
| <input type="radio"/> Stone protocol abdomen/pelvis (no oral, no IV contrast) | 74176 | n/a | n/a |
| <input type="radio"/> Upper extremity-specify: R / L ___ w/3D (+76376) | 73200 | 73201 | n/a |
| <input type="radio"/> Lower extremity-specify: R / L ___ w/3D (+76376) | 73700 | 73701 | n/a |
| <input type="radio"/> Other: | | | |

| CTA Circle CPT code for IV contrast option | w/o IV | w/IV | w/ & w/o IV |
|--|--------|-------|----------------|
| <input type="radio"/> Head/Brain | n/a | n/a | 70496 |
| <input type="radio"/> Neck/Carotid | n/a | n/a | 70498 |
| <input type="radio"/> Chest: ___ PE study (w/IV only 71250) ___ Aorta | n/a | n/a | 71275 |
| <input type="radio"/> Abdomen | n/a | n/a | 74175 |
| <input type="radio"/> Abdomen & pelvis | n/a | n/a | 74174 |
| <input type="radio"/> Cardiac calcium score only | 75571 | n/a | n/a |
| <input type="radio"/> CCTA/CTA heart w/3D | n/a | n/a | 75574 |
| <input type="radio"/> Triple rule out (coronary CTA & chest CTA) | n/a | n/a | 75574 71250 |
| <input type="radio"/> Runoff (abdominal aorta and bilateral lower extremity) | n/a | 75635 | n/a |
| <input type="radio"/> Other: | | | |

| MRI Circle CPT code for IV contrast option | w/o IV | w/IV | w/ & w/o IV |
|--|--------|------|----------------|
| <input type="radio"/> 3T <input type="radio"/> 1.5T <input type="radio"/> 0.55T | | | |
| <input type="radio"/> Metal Artifact Reduction Sequences: Available at all locations | | | |
| <input type="radio"/> Brain <input type="radio"/> IAC <input type="radio"/> Pituitary | 70551 | n/a | 70553 |
| <input type="radio"/> Orbit <input type="radio"/> Face <input type="radio"/> Sinus <input type="radio"/> Neck | 70540 | n/a | 70543 |
| <input type="radio"/> TMJ bilateral | 70336 | n/a | n/a |
| <input type="radio"/> Spine: Cervical | 72141 | n/a | 72156 |
| <input type="radio"/> Spine: Thoracic | 72146 | n/a | 72157 |
| <input type="radio"/> Spine: Lumbar | 72148 | n/a | 72158 |
| <input type="radio"/> Chest | 71550 | n/a | 71552 |
| <input type="radio"/> Breast w/ & w/o contrast <input type="radio"/> Breast bilateral w/o (implant rupture only) | 77047 | n/a | 77049 |
| <input type="radio"/> Abdomen: <input type="radio"/> Kidney <input type="radio"/> Adrenal <input type="radio"/> MRCP | 74181 | n/a | 74183 |
| <input type="radio"/> Enterography abdomen/pelvis | n/a | n/a | 74183 72197 |
| <input type="radio"/> Brach plex: R/L <input type="radio"/> Humerus: R/L <input type="radio"/> Forearm: R/L <input type="radio"/> Hand: R/L | 73218 | n/a | 73220 |
| <input type="radio"/> Shoulder: R/L <input type="radio"/> Elbow: R/L <input type="radio"/> Wrist: R/L | 73221 | n/a | 73223 |
| <input type="radio"/> Pelvis | 72195 | n/a | 72197 |
| <input type="radio"/> Pelvis/Prostate w/ & w/o: ___ w/3D (+76376) ___ w/profuse (+76377) | n/a | n/a | 72197 |
| <input type="radio"/> Hip: R/L <input type="radio"/> Knee: R/L <input type="radio"/> Ankle/Mid/Hindfoot: R/L | 73721 | n/a | 73723 |
| <input type="radio"/> Femur: R/L <input type="radio"/> Tib/Fib: R/L <input type="radio"/> Mid/Forefoot: R/L <input type="radio"/> Forefoot/Toes: R/L | 73718 | n/a | 73720 |
| <input type="radio"/> Other: | | | |

| MRA Circle CPT code for IV contrast option | w/o IV | w/IV | w/ & w/o IV |
|--|--------|------|-------------------|
| <input type="radio"/> Head: <input type="radio"/> Arterial <input type="radio"/> Venous | 70544 | n/a | 70546 |
| <input type="radio"/> Neck | 70547 | n/a | 70549 |
| <input type="radio"/> Chest: <input type="radio"/> Aorta | 71555 | n/a | 71555 |
| <input type="radio"/> Abdomen: <input type="radio"/> Aorta <input type="radio"/> Renal <input type="radio"/> Mesenteric <input type="radio"/> Venous | 74185 | n/a | 74185 |
| <input type="radio"/> Runoff (abdomen aorta and bilateral lower extremity) | 74185 | n/a | 74185 73725 x2 |
| <input type="radio"/> Other: | | | |

| PET/CT Circle CPT code for IV contrast option | w/o IV | w/IV | w/ & w/o IV |
|---|--------------------|-------------------------|-------------|
| <input type="radio"/> Amyloid brain localization w/o IV <input type="radio"/> Amyvid <input type="radio"/> Neuraceq <input type="radio"/> 1st available | 78814 | n/a | n/a |
| <input type="radio"/> Amyloid brain w/CT DX w/o IV <input type="radio"/> Amyvid <input type="radio"/> Neuraceq <input type="radio"/> 1st available | 78814 70450 | n/a | n/a |
| <input type="radio"/> Brain metabolic PET w/CT localization w/o IV (Required: use Brain PET/CT form) | 78608 | n/a | n/a |
| <input type="radio"/> Brain metabolic PET w/CT diagnostic w/o IV (Required: use Brain PET/CT form) | 78608 70450 | n/a | n/a |
| <input type="radio"/> General oncology (eyes to thighs) localization w/o IV | 78815 | n/a | n/a |
| <input type="radio"/> General oncology w/CT diagnostic w/IV & oral (chest/abd/pelvis) | n/a | 78815 74177 71260 | n/a |
| <input type="radio"/> Melanoma, Sarcoma whole body (scalp to toes) localization w/o IV | 78816 | n/a | n/a |
| <input type="radio"/> Melanoma, Sarcoma whole body (scalp to toes) w/CT diagnostic w/IV (chest/abd/pelvis) | n/a | 78816 74177 71260 | n/a |
| <input type="radio"/> NaF bone scan | 78816 | n/a | n/a |
| <input type="radio"/> Cerianna Breast PET | 78815 A9591 X6 | n/a | n/a |
| Prostate (Required: use separate Prostate PET/CT form) | | | |
| <input type="radio"/> Axumin | 78815 A9588 X10 | n/a | n/a |
| <input type="radio"/> Pylarify PSMA | 78815 A9595 X9 | n/a | n/a |
| <input type="radio"/> Illucix PSMA | 78815 A9596 X8 | n/a | n/a |
| <input type="radio"/> First available PSMA agent | 78815 | n/a | n/a |
| <input type="radio"/> FDG | 78815 | n/a | n/a |
| <input type="radio"/> Other: | | | |

| NUCLEAR/CT (SPECT) Palm Beach Gardens location only | CPT Code |
|--|----------|
| <input type="radio"/> Cervical <input type="radio"/> Thoracic <input type="radio"/> Lumbar <input type="radio"/> Liver <input type="radio"/> Parathyroid | 78803 |
| <input type="radio"/> Other: | |

| NUCLEAR | CPT Code |
|---|----------------|
| <input type="radio"/> Nuclear stress test w/treadmill | 93015 |
| <input type="radio"/> Nuclear stress test w/Lexi (no treadmill) | 78452 |
| <input type="radio"/> Treadmill only non nuclear stress test | 93015 |
| <input type="radio"/> MUGA | 78472 |
| <input type="radio"/> Cardiac nuclear stress testing | 78452 93015 |
| <input type="radio"/> 3-phase bone | 78315 |
| <input type="radio"/> Whole body bone scan | 78306 |
| <input type="radio"/> Thyroid uptake & scan | 78014 |
| <input type="radio"/> Parathyroid | 78070 |
| <input type="radio"/> WB I-131 thyroid carcinoma scan | 78018 |
| <input type="radio"/> I-131 TX: Dose: ___ mCi | call |
| <input type="radio"/> Hepato/DISIDA/HIDA: <input type="radio"/> w/CCK | 78227 |
| <input type="radio"/> Hepato/DISIDA/HIDA: <input type="radio"/> w/o CCK | 78226 |
| <input type="radio"/> Gastric emptying - solid only | 78264 |
| <input type="radio"/> Liver spleen | 78803 |
| <input type="radio"/> Liver SPECT | 78215 |
| <input type="radio"/> Triple renal scan w/Lasix | 78708 |
| <input type="radio"/> Triple renal scan w/o Lasix | 78707 |
| <input type="radio"/> DaScan brain | 78803 A9584 |
| <input type="radio"/> Other: | |

| BONE DENSITY | CPT Code |
|--|----------|
| <input type="radio"/> Bone densitometry/DEXA | 77080 |

| 3D TOMO DIGITAL MAMMOGRAPHY | CPT Code |
|---|----------|
| <input type="radio"/> Screening mammo: ___ Bilateral ___ Right ___ Left <input type="radio"/> Implants | 77067 |
| <input type="radio"/> Screening tomo: ___ Bilateral ___ Right ___ Left <input type="radio"/> Implants | 77063 |
| <input type="radio"/> Diagnostic mammo: ___ Right ___ Left ___ Bilateral (G0279) <input type="radio"/> Implants | 77065 |
| <input type="radio"/> Diagnostic tomo: ___ Right ___ Left ___ Bilateral (G0279) <input type="radio"/> Implants | 77066 |
| <input type="radio"/> Other: | |

| ULTRASOUND <input type="radio"/> Doppler if clinically indicated by radiologist OR <input type="radio"/> No Doppler |
|---|
| <input type="radio"/> Carotid <input type="radio"/> Thyroid <input type="radio"/> Soft tissue (Body part) <input type="radio"/> Scrotum w/Doppler |
| <input type="radio"/> Retroperitoneal CMP: ___ Renal/aorta ___ Renal/bladder <input type="radio"/> Retroperitoneal LTD: ___ Renal ___ Aorta |
| <input type="radio"/> Abdomen: ___ Complete ___ Limited ___ Quadrant <input type="radio"/> AAA screen |
| <input type="radio"/> Breast: <input type="radio"/> Complete <input type="radio"/> Limited ___ Bilateral ___ Right ___ Left |
| <input type="radio"/> Pelvic/Transabdominal <input type="radio"/> Pelvic/Transvaginal |
| <input type="radio"/> OB complete: ___ <=14 wks ___ >14 wks |
| <input type="radio"/> Venous: ___ Bilateral ___ Right ___ Left ___ Upper ___ Lower |
| <input type="radio"/> Arterial: ___ Bilateral ___ Right ___ Left ___ Upper ___ Lower w/ABI |
| <input type="radio"/> Cardiac: <input type="radio"/> Echocardiogram <input type="radio"/> Stress echo <input type="radio"/> EKG |
| <input type="radio"/> Other: |

| X-RAY |
|---|
| <input type="radio"/> CXR: ___ Single view ___ 2 views ___ Decubs <input type="radio"/> Abdomen/KUB <input type="radio"/> Abdomen 2 views |
| <input type="radio"/> Spine: ___ Cervical ___ Thoracic ___ Lumbar <input type="radio"/> Scoliosis |
| <input type="radio"/> Skull <input type="radio"/> Sinus <input type="radio"/> Ribs: R/L <input type="radio"/> Pelvis |
| <input type="radio"/> Shoulder: R/L <input type="radio"/> Elbow: R/L <input type="radio"/> Wrist: R/L <input type="radio"/> Hand: R/L |
| <input type="radio"/> Hip: R/L <input type="radio"/> Femur: R/L <input type="radio"/> Knee: R/L <input type="radio"/> Tib/Fib: R/L |
| <input type="radio"/> Ankle: R/L <input type="radio"/> Foot: R/L <input type="radio"/> Bone age study <input type="radio"/> Bone survey |
| <input type="radio"/> Other: |

Patient considerations (check all that apply) Creatinine ___ Interpreter needed (language) ___ Other ___

Reporting method STAT (see reverse side for STAT criteria and policy)

| | | | |
|------------------------------|-------------------------|----------------|--------------|
| Provider name (print) | Provider address | Phone # | Fax # |
|------------------------------|-------------------------|----------------|--------------|

| | | |
|--------------------------------------|---|------------------------|
| Provider signature (required) | NPI # (required for new providers) | Date (required) |
|--------------------------------------|---|------------------------|

Do not use rubber stamp.

DIAGNOSIS/INDICATIONS* FOR ORDERING STAT

STAT Criteria

STAT request must meet critical diagnosis/indications for critical findings. See complete list of critical diagnosis/indications to the right.

STAT Policy

Patient is held until the radiologist reads the study. Only positive findings are called to the physician's office. For negative results, the patient is released.

Ortho STAT

MRI and CT studies after 4pm and weekends, please allow 24-48 hours for the report. With the exception of hip and pelvis fractures, all other fractures after 4pm and weekends, results will be called in 24-48 hours.

Chest

Pneumothorax, pulmonary embolism, pneumonia, aortic dissection, chest pain, pleural effusion, pericardial effusion, leaking thoracic aortic aneurysm, hemoptysis, suspected new or recurrent malignancy, pneumopericardium, severe coronary artery stenosis

Abdominal/Pelvic

Pneumoperitoneum, leaking AAA, foreign body, intra-abdominal abscess, acute pancreatitis, acute appendicitis, acute cholecystitis, diverticulitis, biliary obstruction, bowel obstruction, fetal demise, ectopic pregnancy, intussusception, GI bleed, testicular torsion, acute pyelonephritis, acute nonlocalized abdominal pain, gross hematuria, free air

Head/Neck

Acute cerebral hemorrhage, acute CVA, TIA, diplopia, severe carotid stenosis, undocumented cerebral aneurysm

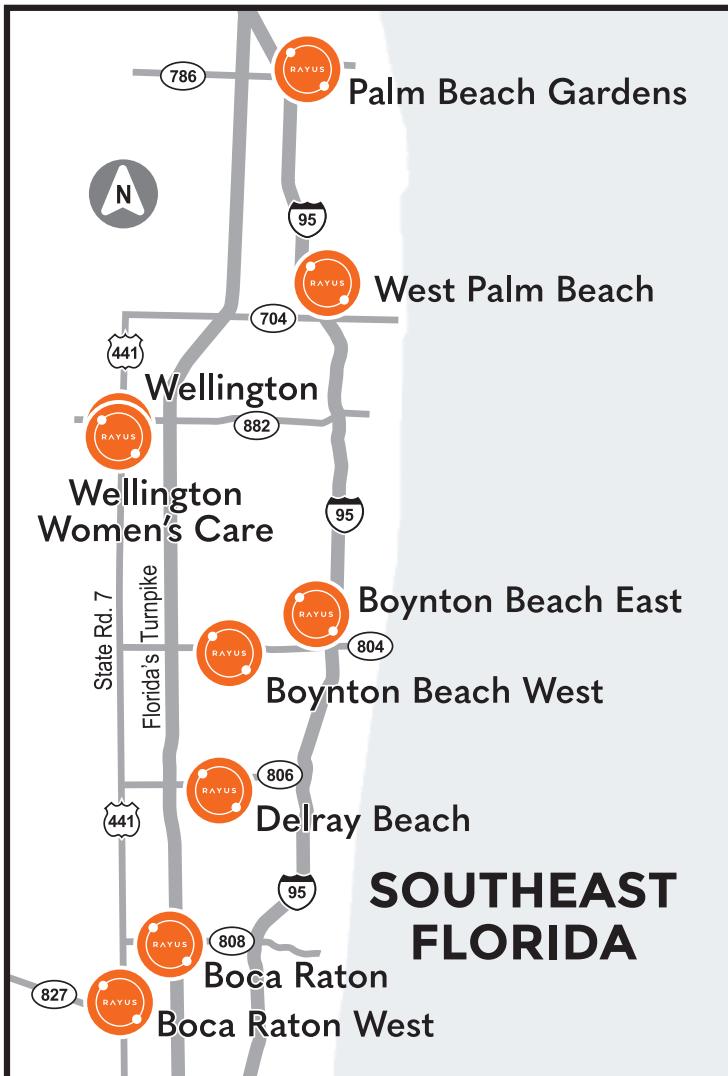
Spine/MSK

Cord compression, acute fracture, osteomyelitis, foot drop

Upper/Lower Extremity

Acute fracture, suspected lower extremity DVT

**Other indications not listed above can be ordered as a STAT for a patient who has a strong medical concern or medically emergent condition.*



BOCA RATON

8142 Glades Rd.
Boca Raton, FL 33434

BOCA RATON WEST

23071 State Rd. 7
Boca Raton, FL 33428

BOYNTON BEACH EAST

1425 Gateway Blvd., #100
Boynton Beach, FL 33426

BOYNTON BEACH WEST

6080 Boynton Beach Blvd., #140
Boynton Beach, FL 33437

DELRAY BEACH

15340 Jog Rd., #160
Delray Beach, FL 33446

PALM BEACH GARDENS

3601 PGA Blvd., #100
Palm Beach Gardens, FL 33410

WELLINGTON

2565 S. State Rd. 7
Wellington, FL 33414

WELLINGTON WOMEN'S CARE

2863 State Road 7, #400
Wellington, FL 33414

WEST PALM BEACH

1572 Palm Beach Lakes Blvd., #2
West Palm Beach, FL 33401

Scan here for locations and directions

