

Appointment date and time		Patient DOB
Patient name (as shown on insurance card)	Primary phone #	Secondary phone #
Insurance information	Date of injury	<input type="radio"/> Workers' comp <input type="radio"/> Auto

(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. Condition: <input type="radio"/> Acute or <input type="radio"/> Chronic Is the exam/procedure related to an injury? <input type="radio"/> No <input type="radio"/> Yes if yes <input type="radio"/> Initial <input type="radio"/> Subsequent or <input type="radio"/> Sequela	Clinical Decision Support (CDS)	
	Required for Medicare Part B	
	Modifier (determination)	G-code (vendor)

REPORTING METHOD: CD w/report PT to carry CD STAT Report only Portal/Web viewing Read and call

Report to (fax/phone/address): _____

MRI
<input type="radio"/> IV contrast as clinically indicated by radiologist <input type="radio"/> Without contrast <input type="radio"/> With contrast <input type="radio"/> With/Without contrast <input type="radio"/> L <input type="radio"/> R <input type="radio"/> BIL
<input type="radio"/> Brain and/or <input type="radio"/> Orbits <input type="radio"/> TMJ <input type="radio"/> Neck (soft tissue) <input type="radio"/> Shoulder Spine <input type="radio"/> Cervical <input type="radio"/> Thoracic <input type="radio"/> Lumbar <input type="radio"/> Chest/Lung <input type="radio"/> Breast <input type="radio"/> Abdomen <input type="radio"/> Elbow <input type="radio"/> Wrist <input type="radio"/> Pelvis <input type="radio"/> Hips <input type="radio"/> Knee <input type="radio"/> Tibia/Fibula <input type="radio"/> Ankle <input type="radio"/> Foot <input type="radio"/> Other _____

CT
<input type="radio"/> IV contrast as clinically indicated by radiologist <input type="radio"/> Without Contrast <input type="radio"/> With contrast <input type="radio"/> With/Without contrast <input type="radio"/> 3D reconstruction as clinically indicated by radiologist OR <input type="radio"/> No 3D reconstruction <input type="radio"/> L <input type="radio"/> R <input type="radio"/> BIL
<input type="radio"/> Head <input type="radio"/> Sinus <input type="radio"/> Complete <input type="radio"/> Limited <input type="radio"/> TMJ <input type="radio"/> Neck (soft tissue) <input type="radio"/> Shoulder Spine <input type="radio"/> Cervical <input type="radio"/> Thoracic <input type="radio"/> Lumbar <input type="radio"/> Chest/Lung <input type="radio"/> Abdomen <input type="radio"/> Elbow <input type="radio"/> Wrist <input type="radio"/> Pelvis <input type="radio"/> Hips <input type="radio"/> Knee <input type="radio"/> Tibia/Fibula <input type="radio"/> Ankle <input type="radio"/> Foot <input type="radio"/> Other _____

ULTRASOUND
<input type="radio"/> Doppler if clinically indicated by radiologist OR <input type="radio"/> No Doppler <input type="radio"/> Transvaginal if clinically indicated by radiologist OR <input type="radio"/> No transvaginal <input type="radio"/> L <input type="radio"/> R <input type="radio"/> BIL
<input type="radio"/> Abdomen <input type="radio"/> Aorta <input type="radio"/> Breast <input type="radio"/> Elastography <input type="radio"/> Gallbladder <input type="radio"/> Liver Doppler <input type="radio"/> Obstetric <input type="radio"/> 1st <input type="radio"/> 2nd <input type="radio"/> 3rd trimester <input type="radio"/> Pelvis <input type="radio"/> Thyroid <input type="radio"/> Renal and <input type="radio"/> Bladder <input type="radio"/> Scrotum (indicate Doppler above) <input type="radio"/> Extremity _____ Vascular studies <input type="radio"/> Carotid <input type="radio"/> Venous arm <input type="radio"/> Venous leg <input type="radio"/> Other _____

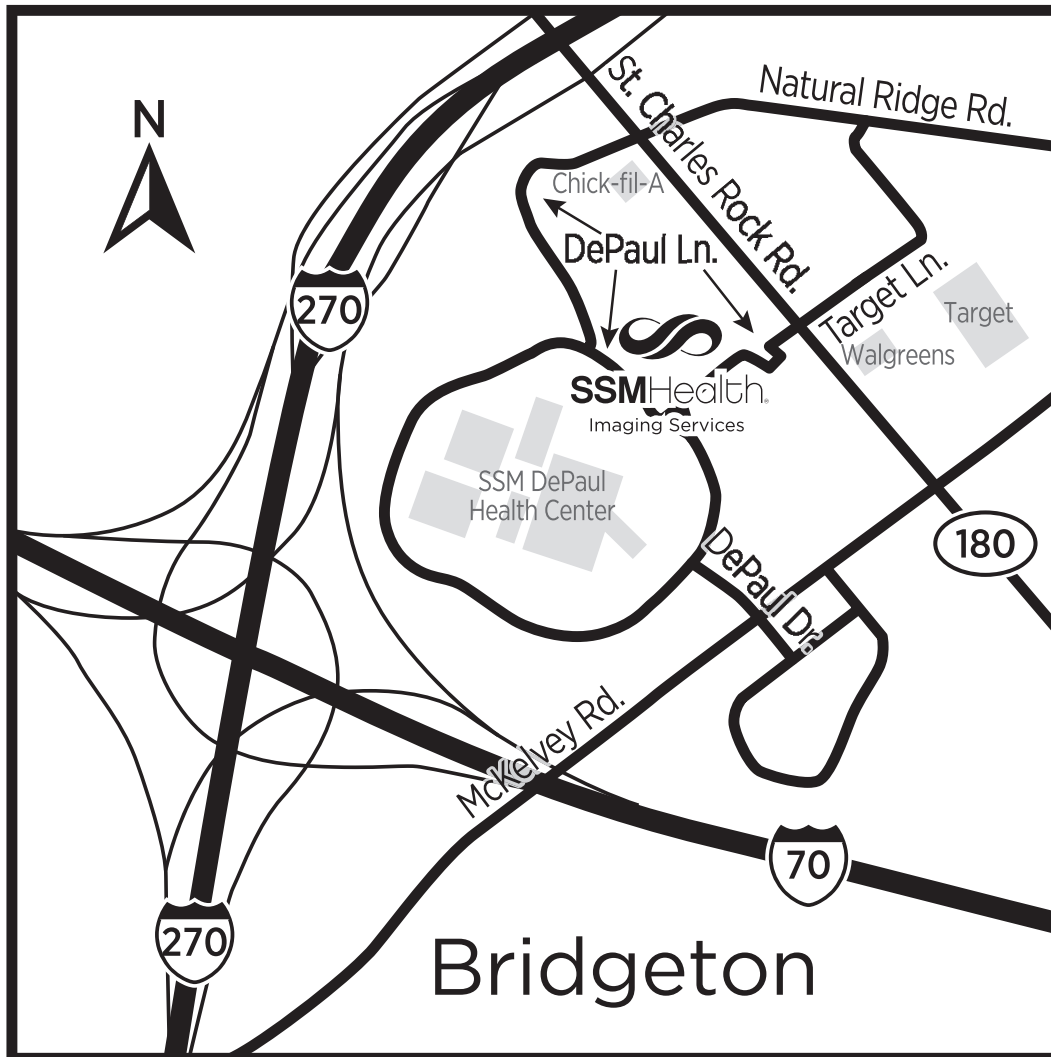
3D MAMMOGRAPHY
<input type="radio"/> L <input type="radio"/> R <input type="radio"/> BIL Implants <input type="radio"/> Yes <input type="radio"/> No
<input type="radio"/> Screening mammogram, with option to convert to or order diagnostic mammogram if patient has breast complaint or something seen on screening mammogram, with ultrasound, if needed, with image-guided biopsy or aspiration if needed: <input type="radio"/> Omit biopsy <input type="radio"/> Diagnostic mammogram with ultrasound if needed, with image-guided biopsy or aspiration if needed: <input type="radio"/> To be determined by radiology staff <input type="radio"/> Omit biopsy - I would prefer to be notified if biopsy is needed and direct/order biopsy separately.

X-RAY
<input type="radio"/> L <input type="radio"/> R <input type="radio"/> BIL Views _____
Spine <input type="radio"/> Cervical <input type="radio"/> Thoracic <input type="radio"/> Lumbar <input type="radio"/> Chest <input type="radio"/> Ribs <input type="radio"/> Pelvis <input type="radio"/> Upper extremity _____ <input type="radio"/> Lower extremity _____ <input type="radio"/> Other _____

BIOPSY/ASPIRATION
Ultrasound-guided
<input type="radio"/> Biopsy site _____ <input type="radio"/> Cyst aspiration site _____

BONE DENSITOMETRY
<input type="radio"/> DXA

Provider name (print)	Provider location <i>City/Zip</i>	Phone #
Provider signature (required) <i>Do not use rubber stamp.</i>	NPI # (required)	Date



From Hazelwood: Take Hwy. 270 West to St. Charles Rock Rd. exit 180. Turn left on St. Charles Rock Rd. Proceed approximately one quarter mile. At the stoplight, turn right onto DePaul Ln. SSM Imaging is on the right, located on the first floor of the medical building.

From St. Louis: Take Hwy. 70 West to St. Charles Rock Rd. exit 180. Turn right on St. Charles Rock Rd. Proceed approximately two miles, passing McKelvey Rd. At the stoplight, turn left onto DePaul Ln. SSM Imaging is on the right, located on the first floor of the medical building.

From Hwy 40: Take Hwy. 270 North to St. Charles Rock Rd. exit 180 towards Natural Bridge. Turn right on St. Charles Rock Rd. Proceed approximately one quarter mile. At the stoplight, turn right onto DePaul Ln. SSM Imaging is on the right, located on the first floor of the medical building.

From St. Charles or Hwy. 70 East: Take Hwy. 70 East to I-270 North, exit to the left towards Chicago. Take the St. Charles Rock Rd. exit 180 towards Natural Bridge. Turn right on St. Charles Rock Rd. Proceed approximately one quarter mile. At the stoplight, turn right onto DePaul Ln. SSM Imaging is on the right, located on the first floor of the medical building.