Houston Methodist Sugar Land Hospital

MHC1113

Patient Name:	Date of Birth:	Sex: ☐M ☐F
Primary Phone:	Alternate Phone:	
Insured Name:		
ID #:	Group #:	AUTH #:
Diagnosis:	ICD-10 Code:	

If multiple tests are ordered, please supply a diagnosis code for each.

☐ CD ☐ Films ☐ Send with patient

STAT/MEDICAL EMERGENCY

☐ STAT CALL REPORT REQUIRED

DIRECT CONTACT # _____

CPT	CT
	☐ CREATININE IF NEEDED
74160	Abdomen with
74150	Abdomen without
74170	Abdomen w & w/o
74176	Renal Stone Protocol
72193	Pelvis with
72192	Pelvis without
71260	Chest with
71250	Chest without
74177	ABD/PEL with
74176	ABD/PEL without
74178	ABD/PEL w & w/o
71260/74177	Chest/Abd/Pel with
71250/74176	Chest/Abd/Pel without
71270&74177	Chest/Abd/Pel w & w/o
70450	Brain without
70470	Brain w & w/o
70488	Sinuses/Facial Bones w & w/o
70491	Soft Tissue Neck with
73200	Upr Ext (R / L) w/3D Shldr Elbow Wrist Hand
73700	Lwr Ext (R / L) w/3D Hip Knee Ankle Foot
72125	Spine Cervical without
72128	Spine Thoracic without
72131	Spine Lumbar without
	_____ Stealth
77012	Guided BX Region R L

CPT	CT Angio (CTA)
	☐ CREATININE IF NEEDED
74175	CTA Abdomen
74174	CTA Abd/Pel
75635	CTA Abdomen w Runoff
71275	CTA Chest Aorta
71275	CTA Chest Pulmonary Embolism
75574	CTA Coronary Artery
75571	CT Calcium Scoring (non contrast heart scan)
70496	CTA Head
70498	CTA Neck

CPT	X-RAY / FLUOROSCOPY
71046	Chest PA/LAT Arthrogram Specify Region: _____ R L
74280	Barium Enema w/ air
74270	Barium Enema
74430	Cystogram
74220	Esophagram
74220	Barium Swallow without Speech Pathology
74230	Modified Barium Swallow with Speech Pathology
74740	HSG
74400	IVP w/ tomograms, creatinine if needed
74400	IVP w/o tomograms, creatinine if needed
62270	Lumbar Puncture for diagnosis
74250	Small Bowel Series
74245	Upper GI Small Bowel Series
74240	Upper GI
74455	VCUG

Other Procedures / Special Instructions

CPT	MYELOGRAM
62302	Myelogram Cervical
72126	Myelogram / CT Cervical
62303	Myelogram Thoracic
72129	Myelogram / CT Thoracic
62304	Myelogram Lumbar
72132	Myelogram / CT Lumbar
62305	Myelogram 2+ Reg

CPT	MRI
	☐ CREATININE IF NEEDED
74183	Abdomen w & w/o
74183	Abdomen w & w/o MRCP
70553	Brain w & w/o
70551	Brain without
70552	Brain with
73721	Hip without R L
70553	IAC w & w/o
70551	MRV Brain
70543	Orbits w & w/o
72197	Pelvis w & w/o
	_____ cervical _____ ovary _____ prostate _____ rectal
70553	Pituitary w & w/o
70543	Soft Tissue Neck w & w/o
72141	Spine Cervical without
72156	Spine Cervical w & w/o
72146	Spine Thoracic without
72157	Spine Thoracic w & w/o
72148	Spine Lumbar without
72158	Spine Lumbar w & w/o
73721	MRI Arthrogram Lower R L Location: _____
73221	MRI Arthrogram Upper R L Location: _____
73221	Shoulder without R L
73221	Wrist without R L
73222	Shoulder with R L
73223	Shoulder w & w/o R L
73223	Wrist w & w/o R L
73718	Foot without R L
73718	Hand without R L
73720	Foot w & w/o R L
73720	Hand w & w/o R L
73721	Ankle without R L
73721	Elbow without R L
73721	Knee without R L
73722	Ankle with R L
73722	Knee with R L
73723	Ankle w & w/o R L
73723	Elbow w & w/o R L
73723	Knee w & w/o R L

CPT	MRA
74185	Abdomen w & w/o
71555	Chest w & w/o
70544	Head without contrast COW
73725	Lower extremity w & w/o contrast R L
70547	Neck without contrast
72198	Pelvis w & w/o
73725	Runoff

CPT	NUCLEAR MEDICINE
78306	Bone Scan (Total)
78315	Bone Scan Triple Phase
78607	Brain Scan

CPT	NUCLEAR MEDICINE Contd.
78264	Gastric Emptying Study
78227	Hida Scan with Pharm
78582	Lung Scan (VQ Scan)
78597	Lung Scan Quantitative
78473	MUGA Scan (Cardiac Blood Pool Imaging)
78070	Parathyroid Scan SPECT
78708	Renal Scan W/ Flow, Function & Pharm
	Lasix
	Captopril
	Nuclear Stress Test - 1 Day / 2 Day
	Treadmill/Adenosine/
	Dobutamine/Lexiscan
78014	Thyroid Uptake and Scan
78013	Thyroid Technetium

CPT	ULTRASOUND
76700	Abdomen Complete
93975	Abdominal Doppler
76775	Aorta
	Arterial Doppler Bilateral __ upper extremity __ lower extremity to include ABI
	Arterial Doppler Unilateral R L __ upper extremity __ lower extremity to include ABI
93880	Carotid Artery
76705	Gallbladder
76942	Lymph Node Bx R L Location: _____
49083	Paracentesis
	Pelvic complete with Transvaginal Includes: 76856 Pelvic Transabdominal 76830 Pelvic Transvaginal
76801&76817	Pregnancy < 14 wks with Transvaginal
76805	Pregnancy > 14 wks
76815	US Pregnancy Limited
76819	Biophysical Profile
76872	Prostate
76770	Renal
	Renal Blood Flow to include: 76770 Renal 93975 Renal Blood Flow
76870	Scrotum/Testicular
76536	Soft Tissue: _____ Specify location
32555	Thoracentesis Location: _____ R L
76536	Thyroid
76942	Thyroid Bx R L Isthmus
93970	Venous Doppler Bilateral __ upper extremity __ lower extremity
93971	Venous Doppler Unilateral R L __ upper extremity __ lower extremity

CPT	CARDIOLOGY / NEUROLOGY
93306	Echocardiogram Complete
	TEE
93017	Routine Treadmill Stress
93005	EKG
	Holter Monitor
95816	EEG
93351	Echocardiogram stress W continuous ECG
93350	Exercise Treadmill Stress Echo

CPT	RESPIRATORY
36600	Arterial Blood Gas
	Pulmonary Function / if required
	☐ 2.5mg Albuterol or ☐ 1.25mg Xopenex

CPT	OTHER PROCEDURES
94667	Chest Physiotherapy (CPT)
	Clinical Swallowing Evaluation

Phone # Physician's Name (printed)

Date/Time Physician's Signature

Order valid for one year. We cannot accept stamped signatures.

Scheduling Phone: 281.274.7170
Scheduling Fax: 281.274.7101
Online Scheduling: houstonmethodist.org/imaging

☐ **Check this box if you would prefer our Scheduling Dept. to contact your patient for scheduling.**

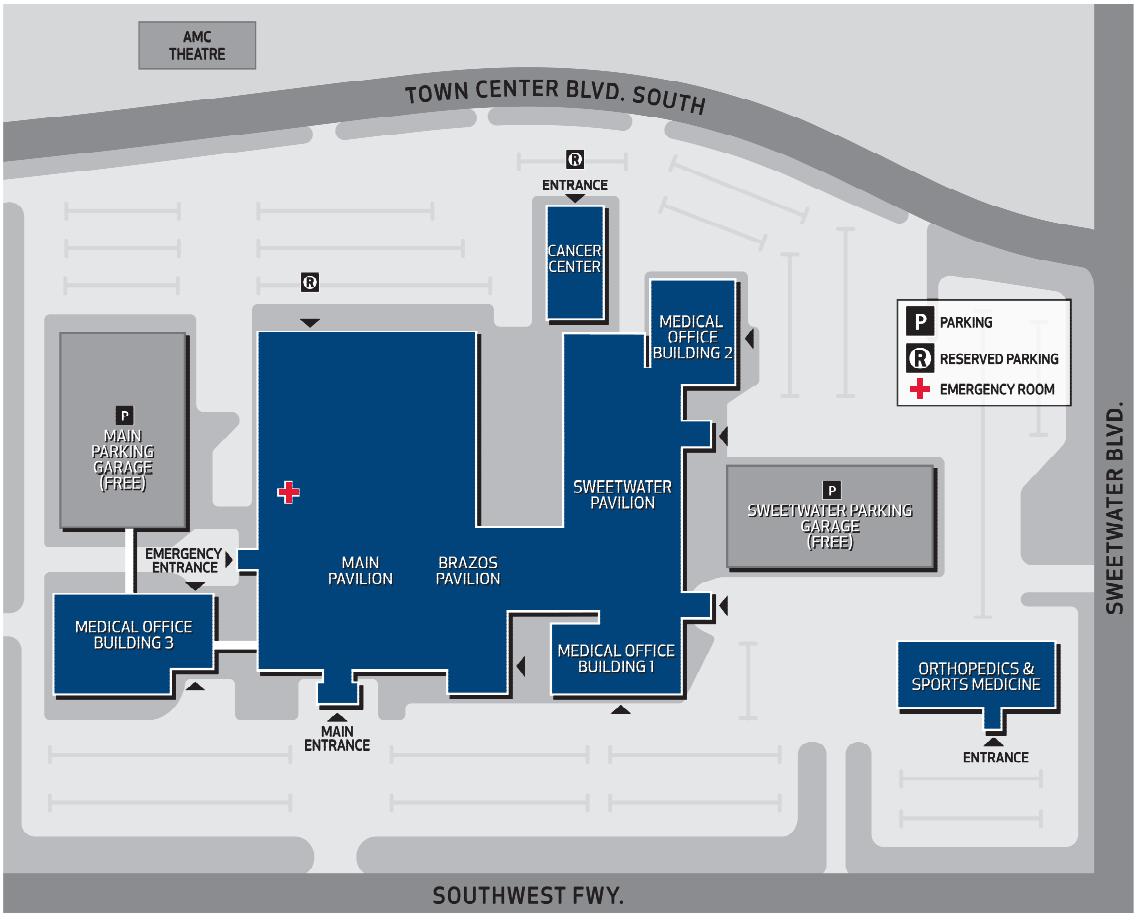
Scheduling Department Hours: 8 a.m. - 6 p.m.
*Don't forget to complete patient's demographic information including phone numbers.

Outpatient Imaging Orders

For additional scripts, email slforms@houstonmethodist.org or call 281.276.8541.

HOUSTON Methodist
SUGAR LAND HOSPITAL

16655 Southwest Fw
Sugar Land, TX 77479



All parking is free. Complimentary valet parking at the Main entrance.

SCHEDULE YOUR OUTPATIENT IMAGING APPOINTMENT ONLINE!

Schedule your imaging appointment online at **houstonmethodist.org/imaging** or call **281.274.7170.**

For your convenience, we offer evening and Saturday appointments.