

Patient's Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_ Appointment Date & Time: \_\_\_\_\_  
 Physician's Name: \_\_\_\_\_ Physician's Phone#: \_\_\_\_\_ Physician's Fax #: \_\_\_\_\_

**CT (W = with and W/O = without contrast)**

CTA (W IV) (specify area): \_\_\_\_\_  
 CTV (W IV) (specify area): \_\_\_\_\_  
 Brain  W/O IV (70450)  W & W/O IV (70470)  
 Neck  W IV (70491)  W/O IV (70490)  W & W/O IV (70492)  
 Chest  W IV (71260)  W/O IV (71250)  W & W/O IV (71270)  
 Abdomen and Pelvis (W PO)  W IV (74177)  W/O IV (74176)  W & W/O IV (74178)  
 Abdomen and Pelvis (W/O PO)  W IV (74177)  W/O IV (74176)  W & W/O IV (74178)  
 Abdomen  W PO  W/O PO  W IV (74160)  W/O IV (74150)  W & W/O IV (74170)  
 Pelvis  W PO  W/O PO  W IV (72193)  W/O IV (72192)  W & W/O IV (72194)  
 CT Enterography (74178) /  Virtual Colonoscopy  W (74262)  W/O (74261)  
 Urogram (W & W/O IV) (74178)  3D (76377)  
 Renal Stone Protocol (Abdomen & Pelvic W/O IV and W/O PO) (74176)  
 Sinus / Facial / Maxillary  Landmark (70486)  W/O IV (70486)  W IV (70487)  3D (76377)  
 Spine (specify area): \_\_\_\_\_  W IV  W/O IV  3D (76377)  
 Upper Extremity  RT  W/O IV (73200)  Lower Extremity  RT  W/O IV (73700)  
 (specify area):  LT  W & W/O IV (73202)  3D (76377) (specify area):  LT  W & W/O IV (73702)  3D (76377)

**Other Test/CPT Code:** \_\_\_\_\_ **Diagnosis/Description:** \_\_\_\_\_

**MRI (W = with and W/O = without contrast)**

MRA (specify area): \_\_\_\_\_  
 Brain  W/O IV (70551)  W & W/O IV (70553)  
 Neck  W/O IV (70540)  W & W/O IV (70543)  
 Abdomen  MRCP (W/O IV) (74181)  Enterography (74183, 72197)  Urogram (W IV) (74183, 72197)  
 Abdomen  W/O IV (74181)  W & W/O IV (74183)  
 Pelvis  Prostate  W/O IV (72195)  W & W/O IV (72197)  
 Spine (specify area): \_\_\_\_\_  W/O IV  W & W/O IV  
 Fetal MRI (72195)  
 Extremity  RT  LT  
 (specify area):  W/O IV  W & W/O IV

**Other Test:** \_\_\_\_\_ **Diagnosis/Description:** \_\_\_\_\_

**WOMEN'S SERVICES**

Bone Densitometry DEXA (77080)  
 Screening Mammography with 3D/Tomosynthesis (77067)  
 Screening Mammography W/PRN Bilateral Breast Ultrasound (77067, 76641) (Screening Purposes)  
 Diagnostic Mammography with 3D/Tomosynthesis  Bilateral (77066)  RT (77065)  LT (77065)  
 Callback Mammogram additional views  Bilateral (77066)  RT (77065)  LT (77065)  
 Breast Ultrasound (76641)  Bilateral  RT  LT  PRN

**Other Test/CPT Code:** \_\_\_\_\_

**BREAST MRI (W = WITH AND W/O = WITHOUT CONTRAST)**

Breast MRI\* Bil  W & W/O IV (77049)  W/O (77047) (Implant Leak)  
 Breast MRI\* UNI  RT  LT  W & W/O IV (77048)  W/O (77046)  
 Breast Biopsy (single lesion) (19085)  RT  LT  
 Breast Biopsy (each additional lesions) (+19086)  RT  LT  Bilateral

**For your patient's safety, please provide BUN and Creatinine results performed within the last 6 weeks for CT or MRI ordered with contrast.**  
 BUN: \_\_\_\_\_ Creatinine: \_\_\_\_\_ Date: \_\_\_\_\_

**SCREENING EXAMS (Check patient's Insurance for coverage.)**

CT Cardiac Scoring (75571)  CT Lung Screening (G0297)  AAA Screening (76706)  Body Fat Analysis (76499)

To schedule diagnostic appointments, call the Baptist Health Patient Scheduling line in **Dade at 786-573-6000** or **Broward at 954-837-1000** or use our appointment request form at [Baptisthealth.net](http://Baptisthealth.net) or email your request or send a photo of your prescription to [appointments@baptisthealth.net](mailto:appointments@baptisthealth.net)

**Instructions and Precautions:** \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_



Patient's Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_ Appointment Date & Time: \_\_\_\_\_  
 Physician's Name: \_\_\_\_\_ Physician's Phone#: \_\_\_\_\_ Physician's Fax #: \_\_\_\_\_

<b>ULTRASOUND</b>		
<b>Drink 32 fl. oz. 1 hour prior</b>	<input type="checkbox"/> Pelvic W Transvaginal (76856, 76830) <input type="checkbox"/> 3D (76377)	<b>Do not drink or eat 8 hours prior</b>
	<input type="checkbox"/> Pelvic (76856) <input type="checkbox"/> OB 1st Tri., TA (76801)	<input type="checkbox"/> Abdominal (76700) <input type="checkbox"/> RUQ (76705) <input type="checkbox"/> LUQ (76705)
<input type="checkbox"/> OB Complete (76805)	<input type="checkbox"/> Renal / Bladder (76770) <input type="checkbox"/> Bladder (76857)	<input type="checkbox"/> Abdominal Aorta (76775)
<input type="checkbox"/> Sonohysterogram (76831, 58340)	<input type="checkbox"/> Biophysical Profile (76819) <input type="checkbox"/> OB Level II (76811)	<input type="checkbox"/> Liver Doppler (76705, 93975)
<input type="checkbox"/> Neck (76536)	<input type="checkbox"/> Transvaginal only (76830) <input type="checkbox"/> 3D (76377)	<input type="checkbox"/> Liver Elastography US (76981)
<input type="checkbox"/> Thyroid (76536)	<input type="checkbox"/> Scrotum / Testes (76870) <input type="checkbox"/> W Doppler (93975)	
<input type="checkbox"/> Abdominal Wall (76705)	<input type="checkbox"/> Renal (76775) <input type="checkbox"/> Soft Tissue (specify area):	
	<input type="checkbox"/> Inguinal / Groin (76882) <input type="checkbox"/> OB Transvaginal (76817) <input type="checkbox"/> Axillary Ultrasound (76882)	
<b>Other Test/CPT Code:</b>		<b>Diagnosis/Description:</b>

<b>NUCLEAR MEDICINE / MOLECULAR IMAGING</b>		
<input type="checkbox"/> Bone Scan (78306) <input type="checkbox"/> SPECT Bone Scan (78320)	<input type="checkbox"/> Bone Scan / Triple Phase (78315)	
<input type="checkbox"/> Renal Scan (78707) <input type="checkbox"/> Renal Lasix (78708)	<input type="checkbox"/> MUGA Scan (78472)	
<input type="checkbox"/> Thyroid Uptake Scan (78014)	<input type="checkbox"/> VQ Scan (78582)	
<input type="checkbox"/> Liver Spleen Scan (78215)	<input type="checkbox"/> Parathyroid SPECT (78071)	<input type="checkbox"/> Parathyroid SPECT/CT (78072)
<input type="checkbox"/> Hepatobiliary Scan <input type="checkbox"/> Plain (78226) <input type="checkbox"/> W EF/CCK (78227)	<input type="checkbox"/> Gastric Emptying (78264)	
<b>Other Test/CPT Code:</b>		<b>Diagnosis/Description:</b>

<b>RADIOGRAPHY (PLAIN FILMS)</b>		
<input type="checkbox"/> Chest PA & Lateral (71046) <input type="checkbox"/> KUB (74018)	<input type="checkbox"/> Extremity (specify area): <input type="checkbox"/> RT <input type="checkbox"/> LT	
<input type="checkbox"/> Sinus (70220) <input type="checkbox"/> Abdomen KUB Flat & Upright (74021)	<input type="checkbox"/> Extremity (specify area): <input type="checkbox"/> RT <input type="checkbox"/> LT	
<input type="checkbox"/> Scoliosis series complete (72031) <input type="checkbox"/> Pelvis (72170)		
<input type="checkbox"/> Spine (specify area):		
<b>Other Test/CPT Code:</b>		<b>Diagnosis/Description:</b>

<b>FLUOROSCOPY</b>			
<input type="checkbox"/> Esophagram (74220) <input type="checkbox"/> Upper GI Series (74240)	<input type="checkbox"/> Hysterosalpingogram (74740)	<input type="checkbox"/> Small Bowel Series (74250)	
<input type="checkbox"/> Barium Enema (74270) <input type="checkbox"/> W Air (74280) <input type="checkbox"/> Gastrografin Enema (74270)	<input type="checkbox"/> IVP (74400)	<input type="checkbox"/> VCUG (74455)	
<b>Other Test/CPT Code:</b>		<b>Diagnosis/Description:</b>	

<b>CARDIOLOGY</b>			<input type="checkbox"/> 2D ECHO only F-up LTD (93308)
<input type="checkbox"/> EKG (93005) <input type="checkbox"/> Holter Monitor (93225) <input type="checkbox"/> Echocardiogram w/ Doppler (93306)	<input type="checkbox"/> 2D Echo Doppler FU LTD (93308, 93321, 93325)		
<b>Diagnosis/Description:</b>			

<b>NON INVASIVE VASCULAR TESTING</b>			
<input type="checkbox"/> Lower Extremity Arterial Duplex BIL (ABI) 93925 (93922) <input type="checkbox"/> Unilateral or LTD (93926)	<input type="checkbox"/> Carotid Duplex (93880)		
<input type="checkbox"/> Lower / Upper Extremity Arterial PVR at rest (Physiological) (93923)	<input type="checkbox"/> Aorto-Iliac Duplex (93978)		
<input type="checkbox"/> Upper Ext Art Unilateral or Limited (93931)	<input type="checkbox"/> Lower / Upper Extremity Venous Duplex (93970)		
<input type="checkbox"/> Upper Extremity Arterial Duplex Bil (Single level Physiological) 93930 (93922)	<input type="checkbox"/> Unilateral or LTD (93971)		
<input type="checkbox"/> Lower / Upper Extremity Arterial PVR w exercise (Physiological) (93924)			
<input type="checkbox"/> Lower / Upper Extremity Arterial Duplex Imaging (93925 / 93930)			
<b>Diagnosis/Description:</b>			

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> <b>Baptist Diagnostic Center</b><br>15955 SW 96 Street, Suite 101  | <input type="checkbox"/> <b>Baptist Outpatient Center</b><br>8950 North Kendall Drive, 2 <sup>nd</sup> Floor | <input type="checkbox"/> <b>Baptist Health Medical Plaza (Tamiami Trail)</b> 14660 SW 8 Street         | <input type="checkbox"/> <b>Baptist Health Medical Plaza (Pembroke Pines)</b><br>15885 Pines Boulevard |
| <input type="checkbox"/> <b>Baptist Children's Diagnostic Center</b> Located inside Baptist Health Medical Plaza (Country Walk) 13500 SW 152 Street | <input type="checkbox"/> <b>Baptist Health Medical Plaza (Coral Gables)</b> 10 Giralda Avenue                | <input type="checkbox"/> <b>Baptist Health Medical Plaza (Palmetto Bay)</b> 8750 SW 144 Street         | <input type="checkbox"/> <b>Baptist Health Medical Plaza (Davie)</b> 4741 South University Drive       |
| <input type="checkbox"/> <b>Baptist Mammography Center at Macy's The Falls</b><br>9100 SW 136 Street, 2 <sup>nd</sup> Floor                         | <input type="checkbox"/> <b>Baptist Health Medical Plaza (Brickell)</b> 2660 Brickell Avenue                 | <input type="checkbox"/> <b>Baptist Health Medical Plaza (Doral)</b> 9915 NW 41 Street                 | <input type="checkbox"/> <b>Baptist Health Medical Plaza (Coral Springs)</b><br>6264 West Sample Road  |
| <input type="checkbox"/> <b>Baptist Hospital</b><br>8900 North Kendall Drive  | <input type="checkbox"/> <b>Baptist Health Medical Plaza (Westchester)</b><br>8840 Bird Road                 | <input type="checkbox"/> <b>Baptist Health Medical Plaza (Miami Lakes)</b> 14701 NW 77 Avenue          | <input type="checkbox"/> <b>Baptist Health Medical Plaza (Miami Beach)</b><br>709 Alton Road           |
| <input type="checkbox"/> <b>South Miami Hospital</b><br>U.S. 1 and SW 62 Avenue   | <input type="checkbox"/> <b>Doctors Hospital</b><br>5000 University Drive                                    | <input type="checkbox"/> <b>Homestead Hospital</b><br>Campbell Drive (SW 312 Street) and SW 147 Avenue | <input type="checkbox"/> <b>Miami Cancer Institute</b><br>8900 North Kendall Drive                     |
|   | <input type="checkbox"/> <b>Mariners Hospital</b><br>91500 Overseas Highway                                  | <input type="checkbox"/> <b>West Kendall Baptist Hospital</b><br>9555 SW 162 Avenue                    |  |

To schedule diagnostic appointments, call the Baptist Health Patient Scheduling line in **Dade at 786-573-6000** or **Broward at 954-837-1000** or use our appointment request form at [Baptisthealth.net](http://Baptisthealth.net) or email your request or send a photo of your prescription to [appointments@baptisthealth.net](mailto:appointments@baptisthealth.net)

**Instructions and Precautions:** \_\_\_\_\_  
 Physician's Name: \_\_\_\_\_ Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

