

Imaging Services

Chiropractic Order Form

APPOINTMENTS:

208.950.0720 PHONE

208.960.0725 FAX

Ten Mile Medical Campus

875 S Vanguard Way, Meridian, ID 83687

Today's Date:			
Patient Information – all fields required			
Patient Name:		Date of Birth:	Phone:
Diagnosis/Symptoms:			
Preauthorization #			
Ordering Provider Information – all fields required			
Provider Name:			Provider Phone Number:
Provider Signature:			After-hours phone:
Provider NPI:			Fax Number:
Contrast: Yes Radiologist discretion CREATININE: Results: _____ Date: _____ Saltzer to obtain (if needed)			
Exam Selection—Please check the appropriate box for the requested study and specify any additional exam details.			
Exam Special Instructions:			
<u>X-Ray</u> Chest PA & Lateral Ribs Left Right Cervical Thoracic Lumbar Sacrum/Coccyx Other _____ <u>X-Ray Upper Extremity:</u> Left Right Bilateral Shoulder Humerus Elbow Forearm Wrist Hand Finger _____	<u>X-Ray Lower Extremity</u> Left Right Bilateral Hip Femur Knee Tib/Fib Ankle Foot Toe _____ Other _____ <u>Fluoroscopy</u> Joint Injection _____ Left Right Other _____	<u>CT</u> Contrast per radiologists' discretion C-Spine T-Spine L-Spine Upper Extremity _____ Left Right Lower Extremity _____ Left Right Other _____ <u>DEXA</u> DEXA Axial DEXA Appendicular DEXA Full Body Composition	<u>MRI</u> Contrast per radiologists' discretion Pelvis C-Spine T-Spine L-Spine Shoulder Left Right Knee Left Right Hip Left Right Other _____ MRI Arthrography Shoulder Left Right Hip Left Right Other Joint _____ Left Right

Fax completed forms to: 208-960-0725



+ Helpful CPT Codes

MRI SPINE:

72141 MRI CERVICAL SPINE without contrast
72156 MRI CERVICAL SPINE w/o & with contrast
72146 MRI THORACIC SPINE without contrast
72157 MRI THORACIC SPINE w/o & with contrast
72148 MRI LUMBAR SPINE without contrast
72158 MRI LUMBAR SPINE w/o & with contrastLife

CT SPINE:

72125 CT CERVICAL SPINE without contrast
72127 CT CERVICAL SPINE w/o & with contrast
72128 CT THORACIC SPINE without contrast
72130 CT THORACIC SPINE w/o & with contrast
72131 CT LUMBAR SPINE without contrast
72133 CT LUMBAR SPINE w/o & with contrast

MRI OTHER:

72195 MRI PELVIS without contrast
72197 MRI PELVIS w/o & with contrast
73218 MRI UPPER EXTREMITY without contrast
73220 MRI UPPER EXTREMITY w/o & with contrast
73221 MRI UPPER EXTREMITY JOINT without contrast
73223 MRI UPPER EXTREMITY JOINT w/o & with contrast
73718 MRI LOWER EXTREMITY without contrast
73720 MRI LOWER EXTREMITY w/o & with contrast
73721 MRI LOWER EXTREMITY JOINT without contrast
73723 MRI LOWER EXTREMITY JOINT w/o & with contrast

CT OTHER:

72192 CT PELVIS without contrast
72194 CT PELVIS w/o & with contrast
73200 CT UPPER EXTREMITY without contrast
73202 CT UPPER EXTREMITY w/o & with contrast
73700 CT LOWER EXTREMITY without contrast
73702 CT LOWER EXTREMITY w/o & with contrast

+ Important Information For Patients

READ BEFORE SCHEDULING

- Please let our schedulers know if you have allergies to iodine, other medications, or have asthma.
- If there is a possibility that you are pregnant or are breastfeeding, please let our office know at time of scheduling.
- All exams require an order from your doctor except for DEXA Body Composition exams.

SCHEDULING

- To schedule or reschedule by phone, call 208-960-0720.

PLEASE NOTE:

- If you are taking medications daily, please do not withhold medication unless discussed as part of your exam preparation.
- If you have allergies to iodine, other medications, or have asthma, please contact our office prior to your procedure.
- If there is any possibility that you may be pregnant or are breastfeeding, please let our office know at the time of scheduling.
- If you have any questions regarding your procedure, please contact our office and we will be glad to help you.

TEN MILE MEDICAL CAMPUS



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