CT REQUEST/INTERPRETATION FORM

NAME:________________________ **DOB:**__________ **SEX**____ **RACE:**________

Chart #:________________ **Pt. Phone #:**________________ **Ordering Provider:**____________

Date of Appointment:__________________ **Time:**__________________

Fax, Phone or Pager number:____________________ **Authorization Number:**______________

Pertinent Clinical History:____

DX: (Signs/Symptoms): (ICD 9 Code)________________________________

If you would like to be able to access your images/report online, please provide an email address:____________

☐ **Serum Creatinine level – (required within 30 days with any of the following history):**

☐ Diabetes ☐ Kidney disease ☐ Hypertension ☐ Heart Disease ☐ History of Cancer

EXAM REQUESTED

Cardiovascular CT

- ☐ Coronary Calcium Score 75571
  - no contrast, glucose/lipids included
- ☐ Chest CT-Angiogram (EKG-Gated) 71275
- ☐ Chest CT-Angiogram (☐ Aorta ☐ P.E. ☐ Pulmonary Veins) 71275
- ☐ Subclavian Stenosis CT-Angiogram 70498
- ☐ Brain/Intracranial CT-Angiogram 70496
- ☐ Neck/Extracranial CT-Angiogram 70498
- ☐ Abdomen CT-Angiogram (i.e. Renal) 74175
- ☐ Abd+Pelvis CT-Angiogram (endograft, AAA) 74174
- ☐ Aorta with Bilateral LE Runoff (CTA) 75635

INDICATIONS

Brain/Neck

- ☐ Carotid Bruit, ☐ R ☐ L ☐ B/L
- ☐ Carotid Stenosis, ☐ R ☐ L ☐ B/L
- ☐ CVA/Stroke ☐ Altered M.S.
- ☐ Gait Disturbance
- ☐ Syncope or Dizzy
- ☐ TIA/Mini-Stroke
- ☐ Tinnitus, Pulsatile

Chest

- ☐ Aortic Aneurysm, Thoracic
  - Order ECG-Gated if Dilated Root
- ☐ Aortic Dissection
- ☐ Chest Pain (R/O Ao Dissection)
- ☐ Chest Pain (R/O P.E.)
- ☐ Congenital Heart Disease
  Details: ____________
  - Order ECG-Gated, Most Often
- ☐ **Subclavian Stenosis** ☐ **R** ☐ **L**

Abdomen/Pelvis

- ☐ Aortic Aneurysm, Abdominal
- ☐ Hypertension (suspected RAS)
- ☐ Abdominal Pain
  (suspect mesenteric ischemia)
- ☐ Mesenteric Ischemia (known)
- ☐ Renal Artery Stenosis (known)
- ☐ Endograft

Runoff/Lower Extremity

- ☐ Buttock pain, undiagnosed
- ☐ Edema, Lower Ext, ☐ R ☐ L ☐ B/L
- ☐ Infection, Lower Extremity
- ☐ Leg Pain, Undiagnosed
- ☐ PAD with Claudication
- ☐ Ulcer, Lower Extremity

Calcium Score/ExecScreen

(Moderate Risk = FRS 6-19%)

- ☐ Asymptomatic, Mod Risk
- ☐ Asymptomatic, High Risk
- ☐ Asymptomatic, Fam Hx CAD

Please fax this form along with office notes, demographics and authorization with insurance information to 341-1900.

Physician's Signature____________________ **Date/Time**____________________