

PORT HURON

Please circle where patient will be having exam

Medical Imaging (810) 989-3270 Fax (810) 987-6342	MRI (810) 989-3270 Fax (810) 987-6342	Women's Wellness Place (810) 985-2663 Fax (810) 989-3174	Yale Community Health Ctr. (810) 387-3211 Fax (810) 387-2279
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Appropriate Use Criteria (AUC)
Vendor: _____
AUC #: _____
Score: _____
Override Reason: _____

Patient Name: _____ **Allergies:** _____
Birthdate: _____ **Date/Time of Exam:** _____ STAT Routine

Reason for Exam		Exam Requested	
<input type="checkbox"/> Z78.0 Post-menopausal without HRT	<input type="checkbox"/> E21.3 Hyperparathyroidism	<input type="checkbox"/> 77080 Bone Density	(Prep J)
<input type="checkbox"/> N95.1 Post-menopausal symptoms	<input type="checkbox"/> Z79.52 Chronic steroid use		
<input type="checkbox"/> M85.88 Other disorder of bone density	<input type="checkbox"/> M81.0 Known osteoporosis		
<input type="checkbox"/> R07.9 Chest pain		<input type="checkbox"/> 71046 XR Chest Two Views	(No Prep)
<input type="checkbox"/> R68.83 Chills		<input type="checkbox"/> 71045 XR Chest One View	(No Prep)
<input type="checkbox"/> R06.02 Shortness of breath		<input type="checkbox"/> 71047 XR Chest Special Views Specify: _____	(No Prep)
<input type="checkbox"/> R06.4 Respiratory distress/Breathing difficulty		<input type="checkbox"/> 71101 XR Ribs Unilateral with PA Chest L R	(No Prep)
<input type="checkbox"/> R22.2 Chest mass, lump		<input type="checkbox"/> 71250 CT Chest without Contrast	(No Prep)
<input type="checkbox"/> R91.8 Previous abnormal exam – lung fields		<input type="checkbox"/> Spiral <input type="checkbox"/> High Resolution	
<input type="checkbox"/> R05.9 Cough, unspecified		<input type="checkbox"/> 71260 CT Chest with Contrast	(Prep G, M)
<input type="checkbox"/> R05.1 Acute Cough	<input type="checkbox"/> R05.3 Chronic Cough	<input type="checkbox"/> 71275 CTA Chest with Contrast (PE Protocol)	(Prep G, M)
<input type="checkbox"/> M79.662 Pain in Left Lower Limb	<input type="checkbox"/> M79.661 Pain in Right Lower Limb	<input type="checkbox"/> 93970 US Venous Duplex/Doppler Bilateral	(No Prep)
<input type="checkbox"/> M79.622 Pain in Left Upper Limb	<input type="checkbox"/> M79.621 Pain in Right Upper Limb	Circle: Lower Extremity Upper Extremity	
<input type="checkbox"/> R22.42 Swelling of Left Lower Limb	<input type="checkbox"/> R22.41 Swelling of Right Lower Limb	<input type="checkbox"/> 93971 US Venous Duplex/Doppler Unilateral	(No Prep)
<input type="checkbox"/> R22.32 Swelling of Left Upper Limb	<input type="checkbox"/> R22.31 Swelling of Right Upper Limb	Upper Extremity Circle: Left Right	
		<input type="checkbox"/> 93971 US Venous Duplex/Doppler Unilateral	(No Prep)
		Lower Extremity Circle: Left Right	
<input type="checkbox"/> R07.2 Precordial chest pain		<input type="checkbox"/> 78452/93017 NM Stress Myocardial Spect	(Prep B, S, V)
<input type="checkbox"/> R94.31 Abnormal electrocardiogram		<input type="checkbox"/> If unable to reach max heart rate, convert to lexiscan stress	
<input type="checkbox"/> I25.2 Prior MI		<input type="checkbox"/> 78452/93017 NM Lexiscan Stress 0.4 mg/5 mL prefilled syringe IV	(Prep B, S, V)
<input type="checkbox"/> I25.10 Known coronary artery disease			
<input type="checkbox"/> R55. Syncope (approved dx for stress echo only)		<input type="checkbox"/> 93351 Echo Stress	(Prep B, S, V)
<input type="checkbox"/> Z95.1 Prior CABG (not approved dx for stress echo)		<input type="checkbox"/> 93351 Echo Dobutamine Stress 500 mg/250 Dextrose 5% IV	(Prep B,S,V)
<input type="checkbox"/> R94.6 Abnormal thyroid labs		<input type="checkbox"/> 78013 NM Thyroid Scan	(Prep B, T)
<input type="checkbox"/> R22.0 Swelling/mass/palpable abnormality head/neck		<input type="checkbox"/> 78014 NM Thyroid Scan with I-123 Uptake	(Prep B, T, U)
		<input type="checkbox"/> 76536 US Thyroid/Soft Tissue Neck/Head	(No Prep)
<input type="checkbox"/> R22.1 Neck mass – swelling or lump Left Right		<input type="checkbox"/> 93880 US Carotid Duplex/Doppler Bilateral	(No Prep)
<input type="checkbox"/> R09.89 Carotid Bruit		<input type="checkbox"/> 93882 US Carotid Duplex/Doppler Unilateral R of L	(No Prep)
<input type="checkbox"/> G45.9 TIA	<input type="checkbox"/> R55. Syncope	<input type="checkbox"/> 70547 MRA Carotid/Vertebral Arteries	(Prep Q)
<input type="checkbox"/> I63.50 Cerebral Artery Occlusion with Cerebral Infarction		<input type="checkbox"/> 70544 MRA Brain	(Prep Q)
<input type="checkbox"/> H47.10 Papilledema, unspecified		<input type="checkbox"/> 70450 CT Brain without Contrast	(No Prep)
<input type="checkbox"/> R40.4 Transient alteration of awareness		<input type="checkbox"/> 70460 CT Brain with Contrast	(Prep G, M)
<input type="checkbox"/> G45.4 Transient global amnesia		<input type="checkbox"/> 70470 CT Brain without and with Contrast	(Prep G, M)
<input type="checkbox"/> R55. Syncope		<input type="checkbox"/> 70491 CT Neck with Contrast	(Prep G, M)
<input type="checkbox"/> G52.9 Unspecified disorder of cranial nerves		<input type="checkbox"/> 70490 CT Neck without Contrast	(No Prep)
<input type="checkbox"/> G45.9 Unspecified TIA		<input type="checkbox"/> 70480 CT IAC Axial & Recon Coronal without Contrast	(No Prep)
<input type="checkbox"/> G51.9 Facial nerve disorder (facial numbness/weakness)		<input type="checkbox"/> 70481 CT IAC Axial & Recon Coronal with Contrast	(Prep G, M)
<input type="checkbox"/> R56.9 Other convulsions, seizure		<input type="checkbox"/> 70487 CT Facial Bones w Contrast (sinus)	(Prep G, M)
<input type="checkbox"/> K32.9 Chronic Sinusitis		<input type="checkbox"/> 70486 CT Facial Bones wo Contrast (sinus)	(No Prep)
<input type="checkbox"/> R26.9 Abnormality of gait		<input type="checkbox"/> 70551 MRI Brain without Contrast	(Prep Q)
<input type="checkbox"/> R51. Headache Requires additional information Circle one: After head injury		<input type="checkbox"/> 70552 MRI Brain with Contrast	(Prep Q)
Unusual duration > 2 weeks not responding to medical therapy Sudden onset		<input type="checkbox"/> 70553 MRI Brain with and without Contrast	(Prep Q)
		<input type="checkbox"/> 70553 MRI IAC	(Prep Q)
<input type="checkbox"/> G52.9 Unspecified disorder of cranial nerves		<input type="checkbox"/> 93979 US Aorta	(Prep A)
<input type="checkbox"/> H93.3X9 Acoustic nerve disorder		<input type="checkbox"/> 76705 US Gallbladder	(Prep A)
<input type="checkbox"/> H93.19 Tinnitus		<input type="checkbox"/> 76705 US Abdomen – Single Organ _____	(Prep A)
<input type="checkbox"/> R22.1 Pulsatile mass		<input type="checkbox"/> 76700 US Abdomen – 2 or > Organs	(Prep A)
<input type="checkbox"/> R10. Abdominal pain Circle: Generalized (R10.84), RUQ (R10.11),		<input type="checkbox"/> 10160 US Aspiration of Abscess/Hematoma/Cyst	(Prep M)
LUQ (R10.12), RLQ (R10.31), LLQ (R10.32), Epi (R10.13)		<input type="checkbox"/> 78226 NM Hepatobiliary Scan with Ejection Fraction	(Prep B, R)
<input type="checkbox"/> R17. Jaundice		<input type="checkbox"/> 78227 NM Hepatobiliary Scan with CCK	(Prep B, R)
<input type="checkbox"/> R94.5 Abnormal liver function test	<input type="checkbox"/> R94.8 Abnormal pancreas function test		
<input type="checkbox"/> R94.4 Abnormal renal function test			
<input type="checkbox"/> R68.89 Abnormal clinical finding Specify: _____			
<input type="checkbox"/> R13.10 Dysphagia		<input type="checkbox"/> 74220 Esophagram/Barium Swallow	(No Prep)
<input type="checkbox"/> R10.13 Epigastric pain		<input type="checkbox"/> 74230 Modified Barium Swallow	(No Prep)
<input type="checkbox"/> R10.84 Abdominal pain (Generalized)		<input type="checkbox"/> 74246 Upper GI Air Contrast w/o KUB	(Prep A)
<input type="checkbox"/> R11.0 Nausea	<input type="checkbox"/> R11.10 Vomiting	<input type="checkbox"/> 74246 Upper GI Air Contrast w/o KUB /w Esophgram	(Prep A)
<input type="checkbox"/> R19.5 Positive hemoccult	<input type="checkbox"/> R11.2 Nausea & Vomiting	<input type="checkbox"/> 74249 Upper GI Air Contrast with Small Bowel	(Prep A)
<input type="checkbox"/> K92.0 Hematemesis			
<input type="checkbox"/> K21.9 GERD			
<input type="checkbox"/> Other symptoms: _____		<input type="checkbox"/> Other: _____	
Physician Signature: _____		<input type="checkbox"/> BUN	<input type="checkbox"/> Creatinine



PORT HURON

INTERNAL MEDICINE/FAMILY PRACTICE

MEDICAL IMAGING ORDER FORM

CONF

Please circle where patient will be having exam

Medical Imaging

(810) 989-3270
Fax (810) 987-6342

MRI

(810) 989-3270
Fax (810) 987-6342

Women's Wellness Place

(810) 985-2663
Fax (810) 989-3174

Yale Community Health Ctr.

(810) 387-3211
Fax (810) 387-2279

Appropriate Use Criteria (AUC)

Vendor:
AUC #:
Score:
Override Reason:

Patient Name:

Allergies:

Birthdate: Date/Time of Exam:

STAT Routine

Reason for Exam

Exam Requested

- K59.00 Constipation
R10. Abdominal pain Circle: Generalized (R10.84), RUQ (R10.11), LUQ (R10.12), RLQ (R10.31), LLQ (R10.32), Epi (R10.13)
R11.0 Nausea R11.10 Vomiting R11.2 Nausea & Vomiting
K92.1 Bloody Stool
R19.4 Change in bowel habits
R10.9 Abdominal/pelvic pain
R10.2 Female pelvic pain
R22.2 Pulsatile mass
R19.09 Abdominal/pelvic mass Location:
N94.6 Dysmenorrhea
N92.1 Metrorrhagia unrelated to menstrual cycle
N83.0 Ovarian cyst
R10.2 Female genital symptoms
R31.9 Hematuria
R10.9 Flank Pain L R
N39.0 Frequent and/or recurrent urinary tract infection
N28.9 Known renal disease or anomaly Specify:

- 74018 XR Abdomen Single View (No Prep)
74021 XR Abdomen Multiple Views (No Prep)
74160 CT Abdomen with Contrast (Prep G, K)
72193 CT Pelvis with Contrast (Prep G, L)
74177 CT Abdomen/Pelvis with Contrast (Prep G, L)
74150 CT Abdomen w/o Contrast (Prep G, K)
74176 CT Abd/Pelvis w/o Contrast (Kidney stone protocol) (No Prep)
74176 CT Abd/Pelvis w/o Contrast (oral only) (Prep L)
74170 CT Abdomen wo/with Contrast (Renal mass protocol) (Prep G, K)

Oral Contrast Yes No (for Abd/Pelvis exams)

- 74400/74178 CT Urogram wo/w Contrast (Prep G, M)
74280 Barium Enema with Air (Requires Prescription) (Prep D)
74270 Barium Enema Single Contrast (Requires Prescription) (Prep D)
74400 Intravenous Pyelogram (Requires Prescription) (Prep D, G)
76856/76830 US Pelvis Transabdominal W/Transvaginal if needed
93976 W/Doppler (Prep E)
76856/93976 US Pelvis Transabdominal W/Doppler (Prep E)
76830/93976 US Transvaginal Non Prep W/Doppler (No Prep)
76770 US Kidneys and Bladder (Prep E)

- M79.662 Pain in Left Lower Limb M79.661 Pain in Right Lower Limb
M79.622 Pain in Left Upper Limb M79.621 Pain in Right Upper Limb
R22.42 Swelling of Left Lower Limb R22.41 Swelling of Right Lower Limb
R22.32 Swelling of Left Upper Limb R22.31 Swelling of Right Upper Limb
B99.9 Infection L03.90 Cellulitis/Abscess

- 78300 NM Bone Scan Limited Specify: (Prep B)
78306 NM Bone Scan Whole Body (Prep B)
78315 NM Three Phase Bone Scan (Prep B)

Other Symptoms:

Other:

Physician Signature:

BUN Creatinine

Patient Prep Instructions for Medical Imaging Exams

- Prep A No eating, drinking, or chewing gum 8 hours prior to exam.
Prep B Patient must not be pregnant. If nursing, please contact the Nuclear Medicine Dept. at (810) 989-3251. No radioactivity 24 hours prior to exam.
Prep D 1. On the day before the exam, follow a clear liquid diet.
2. Start the Half-lytely Bowel prep kit (obtained from pharmacy with prescription from physician) at the times listed below (not by box instructions)
3. At 3:00 pm, swallow both Bisacodyl tablets with water. Do not chew or crush tablets or take them within one hour of taking an antacid.
4. At 5:30 pm, mix the Half-lytely solution as per the directions on the bottle. Drink 1 (8 oz) glass every 10 minutes (about 8 glasses). Drink each glass quickly rather than drinking small amounts continuously. Be sure to drink all the solution.
5. Nothing to eat or drink after midnight. (NOTE: Exam should be done at least 5 days before an Upper GI.)
Prep E Drink 32 ounces of any kind of fluids (no milk) one hour prior to exam. Do no urinate after drinking the fluids. (Example: If you have a 4:00 appointment, you should be finished drinking the fluids by 3:00.)
Prep F May eat or drink as usual, but do not urinate 1 hour prior to the exam as the bladder is also examined.
Prep G Advance screening and consent required. Please call (810) 989 - 3270 at least 48 hours prior to exam.
Prep J No barium, nuclear, or contrast enhanced studies 2 weeks prior to this exam.
Prep K Nothing to eat or drink 2 hours prior to exam. Drink oral contrast solution 1/2 hour prior to the exam. (Obtain oral contrast from the Medical Imaging Dept.)
Prep L Drink oral contrast solution 90 minutes before exam. (Obtain oral contrast solution from the Medical Imaging Dept. at McLaren Port Huron. Notify staff if you are allergic to iodine.) Nothing to eat or drink after drinking the solution. Drink another dose of oral contrast solution 30 minutes prior to the exam.
Prep M Nothing to eat or drink 2 hours prior to the exam.
Prep Q Patient must be able to lie still for 40 minutes. Please notify the MRI Dept. at (810) 989 - 1066 if you have any of the following: Cardiac pacemaker, Neurostimulator (TENS) or other implant or electronic device, known or possible metal fragments in body, middle ear or eye prosthesis/surgery, or permanent eye lenses/permanent eye liner.
Prep R Nothing to eat or drink for 6 hours prior to exam. Demerol and Morphine should be avoided 12 hours prior to exam for optimal results. Confirm medication orders with your physician.
Prep S Nothing to eat or drink after 12 midnight. Certain drugs interfere with this test (Stress Myocardial: beta blockers and calcium channel blockers. Pharmacological Stress Myocardial : beta blockers, calcium channel blockers, Persantine, Theophylline, inhalers). Confirm medication orders with physician.
Prep T Certain drugs interfere with this test (thyroid medications/iodinated contrast). Confirm medication orders with your physician.
Prep U Nothing to eat 2 hours prior to exam and 1 hour after exam. Avoid the following for 1 week prior to exam: vitamin/mineral supplements, fish, shellfish, seaweed, cough medicines/expectorants. Certain drugs interfere with this test (PTU, Tapazole, SSKI, Lugols). Confirm medication orders with physician.
Prep V No smoking after midnight. No caffeine or products that contain caffeine (i.e., Anacin, Excedrin, colas, chocolate) for 12 hours prior to exam.