



Please note, studies vary by location.
Please allow 7-10 business days for processing.
Please send a complete request which includes order and clinical notes.

AUTHORIZATION DIAGNOSTIC PRESCRIPTION

Please indicate preference of BHSF location: _____

Patient's Name: _____ AUC Score: _____ Decision Support No.: _____

Last Four Digits of Social Security Number: _____ Date of Birth: ____/____/____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email address: _____

Insurance: _____ Policy Number: _____ Group: _____

Insurance: _____ Policy Number: _____ Group: _____

WOMEN'S SERVICES

- 77066, 77080 Bil Diagnostic Mammo with 3D/Tomosynthesis & Bone Density
- 77080 Bone Densitometry DEXA only
- 77067 Screening Mammogram with 3D/Tomosynthesis
- Diagnostic Mammogram RT 77065 LT 77065 Bilateral 77066
- Breast Ultrasound 76641 RT LT Bilateral PRN

Diagnosis/Description: _____

ULTRASOUND

- 76856, 76830 Pelvic with Transvaginal (Drink 32 oz. 1 hour prior)
- 76856 Pelvic (Drink 32 oz. 1 hour prior)
- 76831, 58340 Sonohysterogram
- 76770 Renal/bladder 76775 Renal
- 76536 Thyroid/Neck
- 76705 RUQ 76705 LUQ 76981 Elastography US
- 76700 Abdominal Complete (Do not drink or eat 8 hours prior)

Diagnosis/Description: _____

CARDIOLOGY

- 93005 EKG 93225 Holter Monitor
- 93306 Echocardiogram w/Doppler
- Echocardiogram w/Doppler follow up/limited (93308, 93321, 93325)

Diagnosis/Description: _____

RADIOLOGY

- 71046 Chest PA and Lateral 74018 KUB
- 70220 Sinus 72170 Pelvis
- Spine (specify area): _____
- Extremity (specify area): _____
- RT LT Bilateral

Diagnosis/Description: _____

FLUOROSCOPY/UROGRAPHY

- 74220 Esophogram 74240 Upper GI Series
- 74270 Barium Enema 74280 w/air 74740 Hysterosalpingogram
- 74400 IVP 74250 Small Bowel Series

Diagnosis/Description: _____

NUCLEAR MEDICINE / MOLECULAR IMAGING

- 78306 Bone Scan 78014 Thyroid Uptake and Scan
- 78707 Renal Scan 78806 Gallium Scan
- Hepatobiliary Scan 78226 Plain 78227 with EF/CCK
- 78472 Muga Scan 78264 Gastric Emptying
- 78215 Liver Spleen Scan 78320 SPECT Bone Scan
- PET/CT Scan (specify diagnosis): _____

Diagnosis/Description: _____

* I authorize the radiologist to modify the test design, including use or nonuse of contrast, as clinically indicated.

Physician's Name: _____ Physician's Fax: _____

Physician's Signature: _____ Physician's Phone: _____

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

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

Diagnosis/Description: _____

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

- MRA* (specify area): _____
- Breast Biopsy 19085 RT 19085 LT 19086 Bilateral
- Breast MR Bil 77049 W W/O IV 77047 W/O IV (Implant leak)
- with 3D recon 76377
- Breast MRI* UNI RT LT 77046 W/O IV 77048 W/WO IV
- Brain* 70551 W/O IV 70553 W/WO IV
- Neck* 70540 W/O IV 70543 W/WO IV
- Abdomen* 74181 MRCP (W/O IV) 74183, 72197 Enterography (W IV)
- 74183, 72197 Urogram (W IV)
- Abdomen* 74181 W/O IV 74183 W/WO IV
- Pelvis* 72195 W/O IV 72197 W/WO IV
- Spine (specify area): _____
- 3D W/O IV W/WO IV
- Fetal MRI 72195
- Extremity (specify area): _____
- W/O IV W & W/O IV RT LT 3D

Diagnosis/Description: _____

OTHER IMAGING PROCEDURE

Exam/CPT Code: _____

Diagnosis/Description: _____

