UNC Health Care System MIM #1169 101 Manning Drive, Chapel Hill, NC 27514 Outpatient Radiology Order Form

Clinic Name/Clinic Code:		Last Name	e First Name				
Ordering Provider Name:							
Ordering Provider Code:Provider Pager:		DOB	UNCH MRN#				
Clinic Contact: Pager/tel no.:							
Date of Service	Time of Service						
		CPT	ICD-9		-	ontrast	
Procedure	Body Part/Procedure	Code(s)	Code(s)	With	Without	With and Without	
СТ							
fax:(919)843-0924							
MRI							
fax:(919)966-8046							
PET							
fax:(919)843-0924							
Nuclear Medicine							
fax:(919)843-0924							
Diagnostic X-RAY/QDR							
fax:(919)843-2900							
Ultrasound							
fax:(919)843-0924							
Fluoroscopy							
fax:(919)843-2900							
2. What is suspected or being ruled out?							
3. Diagnosis:		_Suspected	?	or	Confirmed	1?	
CT Scan Scheduling Questions: If yes to any of the answers please inform Radiology scheduler.							
YES NO 1. Has the patient had an allergic reaction to IV contrast?							
YES NO 2. Is the patient on any medication containing metformin? (Glucophage)							
YES NO 3. Does the patient have a history of diabetes, renal disease, multiple myeloma, lupus or scleroderma?							
YES NO 4. Is the patient on IV antibiotics? YES NO 5. Is the patient taking daily doses of NSAIDs (Advil, Aleve, Celebrex, Lodine, etc)?							
YES NO 6. Does the patient have a recent (within 3 months) serum creatinine value? If yes, when?							
	Pregnancy? Date of LMP:						
YES NO 8. Is patient currently on any blood thinners (e.g. Coumadin, Aspirin, Plavix, Effient)? If YES, most recent INR (1 week)							
MRI Scheduling Questions: If yes to any of the answers please inform Radiology scheduler.							
YES NO 1. Does this patient have a cardiac pacemaker?							
YES NO 3. Does the patient have a artificial cardiac heart valve?							
YES NO 4. Does the patient have any mechanical devices or implants (neurostimulators, cochlear, etc.)?							
Medicare will only pay for services that it determines to be reasonable and necessary under section 1862 (a)(1) of the Medicare Law. When ordering tests for which Medicare reimbursement will be sought, physicians should order only those individual tests that are necessary for the diagnosis and treatment of a patient, rather than for screening purposes.							
Ordering Provider Signature: I certify that these diagnosis codes support the test ordered and the test(s)are medically necessary.							
Signature: Date: Time: Attending (if different)							
Chart Location: Provider Orders							