

PLEASE PRINT CLEARLY.

TODAY'S DATE: _____

Patient's Name: _____ D.O.B.: _____ Appointment Date/Time: _____

Physician's Name: _____ Physician's Phone #: _____ Physician's Fax #: _____

Diagnosis/Reason for Visit: _____

- SITE:** Joe DiMaggio Children's Hospital JDCH Wellington JDCH Coral Springs
 Memorial Hospital West Memorial Hospital Miramar

*Location details on reverse side

MRI

- | | |
|--|---|
| <input type="checkbox"/> Abdomen
<input type="checkbox"/> w/o IV – 74181
<input type="checkbox"/> w/ and w/o IV – 74183 | <input type="checkbox"/> MRCP
<input type="checkbox"/> w/o IV – 74181
<input type="checkbox"/> Enterography – 74183, 72197
<input type="checkbox"/> Urogram – 74183, 72197 |
| <input type="checkbox"/> Brain
<input type="checkbox"/> w/o IV – 70551
<input type="checkbox"/> w/ and w/o IV – 70553 | <input type="checkbox"/> Neck
<input type="checkbox"/> w/o IV – 70540
<input type="checkbox"/> w/ and w/o IV – 70543 |
| <input type="checkbox"/> Cardiac
<input type="checkbox"/> w/o IV – 75557
<input type="checkbox"/> w/ and w/o IV – 75561 | <input type="checkbox"/> Orbits
<input type="checkbox"/> w/o IV – 70541
<input type="checkbox"/> w/ and w/o IV – 70543 |
| <input type="checkbox"/> Chest
<input type="checkbox"/> w/o IV – 71550
<input type="checkbox"/> w/ and w/o IV – 71552 | <input type="checkbox"/> Pelvis
<input type="checkbox"/> w/o IV – 72195
<input type="checkbox"/> w/ and w/o IV – 72197 |
| <input type="checkbox"/> Extremity/Lower (Specify): _____
<input type="checkbox"/> w/ IV – 73719
<input type="checkbox"/> w/o IV – 73718
<input type="checkbox"/> w/ and w/o IV – 73720 | <input type="checkbox"/> Spine Cervical
<input type="checkbox"/> w/o IV – 72141
<input type="checkbox"/> w/ and w/o IV – 71256 |
| <input type="checkbox"/> Extremity/Upper (Specify): _____
<input type="checkbox"/> w/ IV – 73219
<input type="checkbox"/> w/o IV – 73218
<input type="checkbox"/> w/ and w/o IV – 73220 | <input type="checkbox"/> Spine Lumbar
<input type="checkbox"/> w/o IV – 72148
<input type="checkbox"/> w/ and w/o IV – 71258 |
| <input type="checkbox"/> Fetal
<input type="checkbox"/> w/o IV – 72195 | <input type="checkbox"/> Spine Thoracic
<input type="checkbox"/> w/o IV – 72146
<input type="checkbox"/> w/ and w/o IV – 71257 |

DIAGNOSTIC RADIOLOGY

- Abdomen
 - Supine – 74018
 - Supine and Upright – 74019
- Bone Age – 77072
- Bone/Joint (Specify): _____
 - Left Right Bilateral
- Chest (AP/LAT) – 71046
- Hip (AP/LAT) – 73502
 - Left Right
- Neck Soft Tissue (AP and Lateral) – 70360
- Pelvis (AP) – 72170
 - w/ Bilateral Hips – 73522
- Ribs
 - Left or Right – 71100
 - Bilateral – 71111
- Sacrum/Coccyx – 72220
- Scoliosis Series – 72082
- Shunt Series
 - Chest – 71045
 - Abdomen – 74018
 - Head and Neck – 70250
- Sinus – 70220
- Skeletal Survey – 77076
- Skull Series – 70260
- Spine Cervical
 - 2 or 3 Views – 72040
 - Flexion/Extension – 72050
 - Flexion/Extension w/ Obliques – 72052
 - Swimmers View – 72020
- Spine Lumbosacral
 - 2 or 3 Views – 72100
 - Flexion/Extension w/ Obliques – 72110
- Spine Thoracic (AP/LAT) – 72070

FLUOROSCOPY

- Enema
 - Air – 74280
 - Barium/Water Soluble – 74270
- Fluoroscopy Airway – 76000
- Nasovideo Swallowing Study – 74230
- Small Bowel Follow Through – 74250
- Upper GI – 74246
- Video Swallowing Study w/ Speech Therapist – 74230
- VCUg – 74455

Instructions/Precautions: _____

Physician's Name: _____ Physician's Signature: _____

Date: _____ Time: _____

CT SCAN

- 3Ds – 76377
- Abdomen
 - w/ IV – 74160
 - w/ IV and PO – 74160
 - w/ and w/o IV – 74170
 - w and w/o IV, w/ PO – 74170
 - w/ PO – 74150
 - w/o IV and PO – 74150
 - Organ _____
- Abdomen/Pelvis
 - w/ IV – 74177
 - w/ IV and PO – 74177
 - w/ and w/o IV – 74178
 - w/ and w/o IV, w/ PO – 74178
 - w/ PO – 74176
 - w/o IV and PO – 74176
- Brain
 - w/o IV – 70450
 - w/ and w/o IV – 70470
- Chest
 - w/ IV – 71260
 - w/o IV – 71250
 - w/ and w/o IV – 71270
- Neck
 - w/ IV – 70491
 - w/o IV – 70490
 - w/ and w/o IV – 70492
- Pelvis
 - w/ PO – 72192
 - w/o PO – 72192
 - w/ IV – 72193
 - w/o IV – 72192
 - w/ and w/o IV – 72194
- Renal (Abdomen and Pelvic)
 - w/o IV and w/o PO – 74176
- Sinus
 - w/ IV – 70487
 - w/o IV – 70486
- Spine Cervical
 - w/ IV – 72126
 - w/o IV – 72125
- Spine Lumbar
 - w/ IV – 72132
 - w/o IV – 72131
- Spine Thoracic
 - w/ IV – 72129

CARDIOLOGY

- EKG – 93005
- Holter Monitor – 932255
- Echocardiogram w/ Doppler – 93306
- 2D Echo Doppler FU LTD – 93308, 93321, 93325

ULTRASOUND

- Abdomen – 76700
- Abdominal Aorta – 76775
- Abdominal Wall – 76705
- Appendix – 76705
- Arterial (Lower Extremity)
 - Left – 93926
 - Right – 93926
 - Bilateral – 93925
- Arterial (Upper Extremity)
 - Left – 93931
 - Right – 93931
 - Bilateral – 93930
- Bladder – 76857
- Head – 76506
- Hip – 76885
- Inguinal – 76882
- Liver Doppler – 76705, 93975
- Liver Elastography – 76981
- Neck – 76536
- Pelvic w/ Transvaginal – 76830-76856
- Pelvis – 76856
- Renal/Bladder – 76770
- Renal Artery Doppler – 93976
- RVO – 76705
- Soft Tissue – 76881
- Spine – 76800
- Testicle – 76870
 - w/ Doppler – 93975
- Thyroid – 76536
- Transvaginal – 76830

NUCLEAR MEDICINE

- Bone
 - Whole Body – 78306
 - SPECT – 78320
 - Triple Phase – 78315
- Gastric Emptying – 78264
- Gallbladder/Hepatobiliary – 78226, A9537
 - CCK – 78227, A9537
- Liver/Spleen – 78215
 - SPECT – 78804
- Lung (V/Q) – 78582
- MIBG
 - SPECT/CT – 78804
- Renal – 78707
 - w/ Lasix – 78708
- Thyroid Uptake – 78014
- Voiding Cystogram – 78740
- Other: _____

**Joe DiMaggio Children's Hospital
Hollywood**
1005 Joe DiMaggio Drive
33021



**Memorial Hospital West
Pembroke Pines**
703 N. Flamingo Road
33028



**Memorial Hospital
Miramar**
1901 SW 172nd Avenue
33029



**Joe DiMaggio Children's Hospital Specialty Center
Coral Springs**
5830 Coral Ridge Drive
33076



**Joe DiMaggio Children's Hospital Specialty Center
Wellington**
3377 S. State Road 7
33449

****PLEASE NOTE: Imaging Studies requiring sedation or anesthesia are only done at Joe DiMaggio Children's Hospital in Hollywood.**

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