



# University Diagnostic and Treatment Clinic

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(Gulf Coast Cancer & Diagnostic Center at SE dba)

**Beamer**

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www.universitycancercenters.com

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Ordering Physician Name: \_\_\_\_\_ MD Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Patient Diagnosis/History/Question for Radiologist: \_\_\_\_\_

Compare Films \_\_\_\_\_

STAT \_\_\_\_\_  Preliminary Call/Fax office number \_\_\_\_\_  Email Report \_\_\_\_\_

### CT

(Studies with Contrast Require Bun & Creatine)

Study Contrast

- | Study  | NO contrast | WITH    | W&W/O   |
|--|-------------|---------|---------|
| <input type="checkbox"/> Chest                   | (71250)     | (71260) | (71270) |
| <input type="checkbox"/> Abdomen                 | (74150)     | (74160) | (74170) |
| <input type="checkbox"/> Pelvis                  | (72192)     | (72193) | (72194) |
| <input type="checkbox"/> Abdomen/Pelvis          | (74176)     | (74177) | (74178) |
| <input type="checkbox"/> Cervical Spine          | (72125)     | (72126) | (72127) |
| <input type="checkbox"/> Thoracic Spine          | (72128)     | (72129) | (72130) |
| <input type="checkbox"/> Lumbar Spine            | (72131)     | (72132) | (72133) |
| <input type="checkbox"/> Upper Extremity:(73200) | (73201)     | (73202) |         |
| (R/L)  |             |         |         |
| <input type="checkbox"/> Lower Extremity:(73700) | (73701)     | (73702) |         |
| (R/L)  |             |         |         |
| <input type="checkbox"/> Sinuses                 | (70486)     | (70487) | (70488) |
| <input type="checkbox"/> Soft Tissue Neck        | (70490)     | (70491) | (70492) |
| <input type="checkbox"/> Head/Brain              | (70450)     | (70460) | (70470) |
| <input type="checkbox"/> Orbits                  | (70480)     | (70481) | (70482) |
| <input type="checkbox"/> Other: _____            |             |         |         |

### MRI

(Studies with Contrast Require Bun & Creatine)

- | Study   | Without | With/W out Contrast |
|---|---------|---------------------|
| <input type="checkbox"/> Head/Brain/ IAC'S            | (70551) | (70553)             |
| <input type="checkbox"/> Orbits/Face/Neck             | (70540) | (70543)             |
| <input type="checkbox"/> TMJ                          | (70336) |                     |
| <input type="checkbox"/> Thorax (Chest)               | (71550) | (71552)             |
| <input type="checkbox"/> Abdomen                      | (74181) | (74183)             |
| <input type="checkbox"/> Pelvis / SI Joints           | (72195) | (72197)             |
| <input type="checkbox"/> Cervical Spine               | (72141) | (72156)             |
| <input type="checkbox"/> Thoracic Spine               | (72146) | (72157)             |
| <input type="checkbox"/> Lumbar Spine                 | (72148) | (72158)             |
| <input type="checkbox"/> Upper Extremity: (R/L)       | (73218) | (73220)             |
| <input type="checkbox"/> Lower Extremity: (R/L)       | 73718   | 73720               |
| <input type="checkbox"/> Upper Extremity Joint:(R/L)  | (73221) | (73223)             |
| <input type="checkbox"/> Lower Extremity Joint: (R/L) | (73721) | (73723)             |
| <input type="checkbox"/> MRA of Brain (Head) w/o      | (70544) |                     |
| <input type="checkbox"/> MRA of Neck (Carotids) w/o   | (70547) |                     |
| <input type="checkbox"/> Other: _____                 |         |                     |

### Nuc Med/PET

Initial Subsequent

- |  |         |  |
|--|---------|--|
| <input type="checkbox"/> PET/CT Limited (chest, head/neck) | (78814) |  |
| <input type="checkbox"/> PET/CT Skull base to Mid-Thigh    | (78815) |  |
| <input type="checkbox"/> PET/CT (Brain Only)               | (78608) |  |
| <input type="checkbox"/> PET/CT NaF-18 Bone Scan           | (78816) |  |
| <input type="checkbox"/> Other: _____                      |         |  |

### General X-Ray

- |   |                         |
|---|-------------------------|
| <input type="checkbox"/> Chest X-Ray (PA/LAT)     | (71046)                 |
| <input type="checkbox"/> Flat and Upright Abdomen | (74019)                 |
| <input type="checkbox"/> KUB                      | (74018)                 |
| <input type="checkbox"/> Skull                    | (70260)                 |
| <input type="checkbox"/> Ribs (R/L) Unilat        | (71101) / Bilat (71111) |
| <input type="checkbox"/> Hip (R/L) Unilat         | (73502) / Bilat (73523) |
| <input type="checkbox"/> Pelvis                   | (72170)                 |
| <input type="checkbox"/> Cervical Spine           | (72040)                 |
| <input type="checkbox"/> Thoracic Spine           | (72072)                 |
| <input type="checkbox"/> Lumbar Spine             | (72100)                 |
| <input type="checkbox"/> Soft Tissue Neck         | (70360)                 |
| <input type="checkbox"/> IVP                      | (74400)                 |
| <input type="checkbox"/> Lower Extremity _____    | (R/L)                   |
| <input type="checkbox"/> Upper Extremity _____    | (R/L)                   |
| <input type="checkbox"/> Other: _____             |                         |