Rutland Regional Medical Center
An Affiliate of Rutland Regional Health Services

CT Referral/Order Form

Last Name:	**First Name:**
DOB:	**MRN#:**
Patient Phone #:	**Ordering Provider:**
Weight:	**Appointment:**
Clinical History/Diagnosis:	
Provider Signature:	***Date:*** ***Time:***

STANDARD	MULTI-PHASE	CT ANGIOGRAPHY	CHEST
❑ Abdomen/Pelvis-74177 with	❑ (Painless) Hematuria - 74178 3 phase	❑ CTA Chest-Thoracic-71275	❑ Chest with- 71260
❑ Abdomen/Pelvis -74176 without	❑ Liver 3 phase-74170 (specialist)	❑ CTA AAA-Abd/Pelvis-74174	❑ PE Chest with-71260
❑ Renal Stone-74176 (painful) without	❑ Pancreas 3 phase-74170 (specialist)	❑ CTA Renal Arteries- 74175	❑ Chest without-71250
❑ Abdomen with -74160	❑ Adrenal 3 phase-74170 (specialist) *abd w/wo*	❑ CTA Pelvis-72191	❑ Chest with and w/out 71270 (specialist)
❑ Abdomen without-74150	❑ Mesenteric Ischemia-74174 (arterial/venous)	❑ CTA Aorta-bifem-75635 (aorta-toes)	❑ Chest w/out and with PE 71270 (specialist)
❑ Enterography-74177 with contrast		❑ CTA Lower Ext -73706 (Hip-toes RT or LT)	❑ Chest Low Dose Lung CA-G0297 (specialist)

BRAIN/SPINE	NECK/FACE	CTA/UPPER EXTREMITY	LOWER EXTREMITY
❑ Brain without-70450	❑ Temporal Bone (IAC)-70480	❑ CTA Brain-COW-70496	❑ Ankle without-73700 LT or RT
❑ Brain with-70460	❑ Face without (sinus)-70486	❑ CTA Neck-Carotid-70498	❑ Ankle with-73701 LT or RT
❑ Brain w/wo-70470	❑ Face without (face)-70486	❑ CTA Upper Extremity-73206 - LT or RT	❑ Foot without-73700 LT or RT
❑ C-spine without-72125	❑ Face with contrast-70487		❑ Foot with-73701 LT or RT
❑ T-spine without-72128	❑ Orbit without-70480	❑ Elbow without-73200 LT or RT	❑ Hip without-73700 LT or RT
❑ L-spine without-72131	❑ Orbit with contrast-70481	❑ Elbow with-73201 LT or RT	❑ Hip with-73701 LT or RT
❑ Recon C-spine-72125 (trauma)	❑ Neck Soft Tissue w/-70491	❑ Shoulder without-73200 LT or RT	❑ Knee without-73700 LT or RT
❑ Recon T-spine-72128 (trauma)	❑ Neck Soft Tissue w/wo 70492 (stone)	❑ Shoulder with-73201 LT or RT	❑ Knee with-73701 LT or RT
❑ Recon L-spine-72131 (trauma)	❑ Neck without-70490 (renal compromised)	❑ Hand without-73200 LT or RT	❑ Pelvis without-72192
		❑ Hand with-73201 LT or RT	❑ Pelvis with-72193
		❑ Wrist without-73200 LT or RT	
		❑ Wrist with-7320 LT or RT	

Patient Label

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Safety Questions for Exams with IV Contrast:	**Yes**	**No**	**N/A**
Is the patient allergic to CT contrast or x-ray dye?			
If yes please describe._____			
Is the patient over 60 or diabetic? ***If yes, please order a creatinine to be completed 48 hours prior to CT.***			
Does the patient have a power injectable venous access (port, midline, PICC)?			

Imaging Guided Procedures: (*only to be filled out if requesting these procedures below*)

❑ Drainage: CT guided fluid collection drainage by cath peri or retroperitoneal-49406			
❑ Biopsy: CT guided needle placement-77012			
Clinical History:			
Location/site/nodule/lesion/organ:			
Outside Imaging? **Y** **N** If **Yes**: date, hospital and location of images.			
If procedure to be performed same day of request. Is patient NPO? **Y** **N**			
Is patient diabetic? **Y** **N**			
Current Weight(*used for patient radiation dose*)			
Is patient on anticoagulation/antiplatelet medications (including aspirin)? **Y** **N** last dose:			
Recent Labs: ❑ **PTT** ❑ **INR** ❑ **Platelets** **Date:**			
Labs required? **Y** **N** *If **YES** specify specimen type:*			
Nursing Anxiolysis: **Y** **N** ***Submit recent H & P before procedure (H&P should be current within 30 days)***			
Did you discuss with a Radiologist?	❑ **Yes**	❑ **No**	
Write the name of the Radiologist.			

Office Use:		**Notes:**
Prior Auth #		
CDS #		

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