

**BRAZOSPORT REGIONAL HEALTH SYSTEM**

**RADIOLOGY OUTPATIENT REQUISITION**

100 MEDICAL DRIVE 979-285-1144  
 LAKE JACKSON, TEXAS 77566 FAX 979-297-3688

**REMEMBER:** 1. PROVIDE BILLING INFORMATION  
 2. INCLUDE DIAGNOSIS CODE(S)  
 3. MARK OR WRITE IN TEST(S)

**PATIENT NAME:** LAST FIRST MI

**DATE:**  
**PRIORITY:** Routine Urgent STAT

**D.O.B. AGE: SEX: M F**

**REQUESTING PHYSICIAN: (Print)**

In order to comply with CMS regulations, each exam MUST be medically necessary and supported by the patient's signs, symptoms and/or diagnosis. Please provide a narrative reason for the exam, not just the ICD-9 code.

**MEDICAID/HMO NUMBER:**  
**COMMERCIAL INS. CO.:**  
**POLICY NO.:**  
**GROUP NO.:**  
 Physician Signature:

**ICD-9 Codes MUST be included for each test.**

DIAGNOSTIC X-RAY	
NON-SCHEDULED EXAMS	ICD-9
Abdomen/KUB- AP	
Abdomen, Flat & Upright	
Ankle (R___)(L___)	
Chest, PA/Lat.-2 View	
Chest, PA only-1 View	
Clavicle (R___)(L___)	
Elbow (R___)(L___)	
Facial Bones	
Femur (R___)(L___)	
Foot (R___)(L___)	
Forearm (R___)(L___)	
Hand (R___)(L___)	
Heel (R___)(L___)	
Hip (R___)(L___)	
Hips, Bilateral w/ Pelvis	
Humerus (R___)(L___)	
Knee (R___)(L___)	
Mandible	
Nose (Nasal Bones)	
Orbits	
Pelvis	
Ribs, 1 Side (R___)(L___)	
Ribs, Bilateral	
Sacroiliac Joints	
Sacrum/Coccyx	
Shoulder (R___)(L___)	
Spine, Cervical w/ obl & F/E	
Spine, C. Flex/Ext. Only	
Spine, Cervical 2-3 view	
Spine, Cervical w/ obliques	
Spine, Lumbar w/ obl. & F/E	
Spine, Lumbar, 3 view	
Spine, Lumbar w/ obliques	
Spine, Thoracic, AP/Lat.	
Tibia/Fibula (R___)(L___)	
TM Joints	
Thumb(s) (R___)(L___)	
Wrist (R___)(L___)	
Other: SPECIFY BELOW	

SCHEDULED EXAMS	ICD-9
Barium Enema w/Air	
Barium Enema (colon)-solid column	
Cystogram	
Esophagus	
Hysterosalpingogram	
IVP	
IVP w/ Tomograms	
Modified Barium Swallow	
Small Bowel	
Upper GI Series	
Upper GI w/ Small Bowel	
Voiding Cystourethrogram	
Other: SPECIFY BELOW	

CT SCAN	ICD-9
(Please indicate contrast)	
Abdomen w/ Contrast	
Abdomen w/o Contrast	
Chest w/ Contrast	
Brain (head) w/ Contrast	
Brain (head) w/o Contrast	
Neck w/ Contrast	
Neck w/o Contrast	
Pelvis w/ Contrast	
Pelvis w/o Contrast	
Sinus (Screening)	
Sinus w/Coronals	
Spine: SPECIFY LOCATION BELOW	
Other: SPECIFY BELOW	

MRI/MRA	ICD-9
(Please indicate contrast)	
Abdomen	
Head/Brain	
Extremity-LOWER: SPECIFY LOCATION BELOW	
Extremity-UPPER: SPECIFY LOCATION BELOW	
IAC's	
Joint-LOWER: SPECIFY LOCATION BELOW	
Joint-UPPER: SPECIFY LOCATION BELOW	
MR Angio-Head	
MR Angio-Neck	
Spine, Cervical	
Spine, Lumbar	
Spine, Thoracic	
Other (Specify)	

ULTRASOUND	ICD-9
Abdomen-Complete	
Breast (R___)(L___) Bilat.(L___)	
Gallbladder	
Obstetrical, Complete	
Obstetrical, Mult. Gestation	
Obstetrical-Follow-up	
OB Biophysical Fitness	
Pelvis-Complete	
Renal (Kidney)	
Scrotum/Testicles	
Thyroid	
Transvaginal Probe-OB	
Transvaginal Probe-NonOB	

VASCULAR U/S	ICD-9
Arterial-UE (R___)(L___)	
Arterial-LE (R___)(L___)	
Carotid	
Renal Artery Doppler	
Venous-UE (R___)(L___)	
Venous-LE (R___)(L___)	
Other: SPECIFY BELOW	

NUCLEAR MEDICINE	ICD-9
Bone Scan-Whole Body	
Bone Scan-3 Phase	
Myocardial Perfusion (Cardiolite)	
Lung Scan-V/Q	
Hepatobiliary (HIDA) Scan	
Thyroid Scan	
Liver Scan	
GI Bleeding Scan	
Other: SPECIFY BELOW	

MAMMOGRAPHY	ICD-9
Digital Mammogram, Screening	
Digital Mammogram, Diagnostic	
Diagnostic Mammography, Augmented Breast	V50.1
Other: SPECIFY BELOW	

**COMMENTS/SPECIAL INSTRUCTIONS**

**APPROPRIATE CLINICAL INDICATION(S) FOR SPECIFIED PROCEDURES:**

NOTE: DO NOT order MRI exams on patients with: PACEMAKERS IMPLANTED ELECTRICAL (Defibrilators, Stimulators, Pumps)