

# Impression:Imaging

PET • CT • CTA • NUCLEAR MEDICINE

7180 N. University Drive - Tamarac, Florida 33321 - PHONE: 954-580-2780

TAX ID #: 45-4394576 - NPI #: 1780941864

Patient Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ Sex  M  F

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Insurance \_\_\_\_\_ ID# \_\_\_\_\_

Diagnosis/Medical History \_\_\_\_\_

## PET/CT

<input type="checkbox"/> PET Brain	78814, 78608	<input type="checkbox"/> Whole Body PET - head-to-toes	78816
<input type="checkbox"/> Amyvid or <input type="checkbox"/> Neuraceq	78814	<input type="checkbox"/> Sodium Fluoride PET Bone Scan (F-18)	78816
<input type="checkbox"/> Axumin Whole Body (biochemically recurring prostate cancer only)	78815	<input type="checkbox"/> PET Myocardial Perfusion Scan	78431
<input type="checkbox"/> Skull to Mid-Thigh or <input type="checkbox"/> with Ga-68	78815	<input type="checkbox"/> PET Myocardial Viability Scan	78433

## CT/CTA

	w/o	w/	w/ & w/o		w/o	w/	w/ & w/o
<input type="checkbox"/> Head	<input type="checkbox"/> 70450, <input type="checkbox"/> 70460, <input type="checkbox"/> 70470			<input type="checkbox"/> Abdomen Only	<input type="checkbox"/> 74150, <input type="checkbox"/> 74160, <input type="checkbox"/> 74170		
<input type="checkbox"/> Sinuses	<input type="checkbox"/> 70486, <input type="checkbox"/> 70487			<input type="checkbox"/> Pelvis Only	<input type="checkbox"/> 72192, <input type="checkbox"/> 72193, <input type="checkbox"/> 72194		
<input type="checkbox"/> Orbits - (_) IAC, ( ) Temporal Bones, ( ) Mastoids	<input type="checkbox"/> 70480, <input type="checkbox"/> 70481, <input type="checkbox"/> 70482			<input type="checkbox"/> Abdomen & Pelvis: (_) yes oral contrast, ( ) no oral contrast	<input type="checkbox"/> 74176, <input type="checkbox"/> 74177, <input type="checkbox"/> 74178		
<input type="checkbox"/> Max/Facial Bones	<input type="checkbox"/> 70486, <input type="checkbox"/> 70487, <input type="checkbox"/> 70488			<input type="checkbox"/> Urogram (Abd/Pel w/wo)	<input type="checkbox"/> 74178		
<input type="checkbox"/> Soft Tissue Neck	<input type="checkbox"/> 70490, <input type="checkbox"/> 70491, <input type="checkbox"/> 70492			<input type="checkbox"/> Stone Protocol (no oral, no IV contrast)	<input type="checkbox"/> 74176		
<input type="checkbox"/> Spine: Cervical	<input type="checkbox"/> 72125, <input type="checkbox"/> 72126, <input type="checkbox"/> 72127			<input type="checkbox"/> Upper Extremity: (R/L_____)	<input type="checkbox"/> 73200, <input type="checkbox"/> 73201, <input type="checkbox"/> 73202		
<input type="checkbox"/> Spine: Thoracic	<input type="checkbox"/> 72128, <input type="checkbox"/> 72129, <input type="checkbox"/> 72130			<input type="checkbox"/> Lower Extremity: (R/L_____)	<input type="checkbox"/> 73700, <input type="checkbox"/> 73701, <input type="checkbox"/> 73702		
<input type="checkbox"/> Spine: Lumbar	<input type="checkbox"/> 72131, <input type="checkbox"/> 72132, <input type="checkbox"/> 72133			<input type="checkbox"/> Chest:	<input type="checkbox"/> 71250, <input type="checkbox"/> 71260, <input type="checkbox"/> 71270		
<input type="checkbox"/> CTA Head (Circle of Willis)	<input type="checkbox"/> 70496			<input type="checkbox"/> CTA Abd/Pelvis	<input type="checkbox"/> 74174		
<input type="checkbox"/> CTA Neck/Carotid	<input type="checkbox"/> 70498			<input type="checkbox"/> CTA Renal Arteries	<input type="checkbox"/> 74175		
<input type="checkbox"/> CTA Chest (Thoracic Aorta)	<input type="checkbox"/> 71275			<input type="checkbox"/> CTA Upper Extremity: (R/L_____)	<input type="checkbox"/> 73206		
<input type="checkbox"/> CTA Abdomen	<input type="checkbox"/> 74175			<input type="checkbox"/> CTA Lower Extremity: (R/L_____)	<input type="checkbox"/> 73706		
<input type="checkbox"/> CTA Pelvis	<input type="checkbox"/> 72191			<input type="checkbox"/> CTA Runoff	<input type="checkbox"/> 75635		

## NUCLEAR

<input type="checkbox"/> Nuclear Stress:	<input type="checkbox"/> 78452 <input type="checkbox"/> Pharmacological	<input type="checkbox"/> Parathyroid Scan	78070
<input type="checkbox"/> Regular Treadmill Stress:	<input type="checkbox"/> 93015	<input type="checkbox"/> Triple Renal Scan <input type="checkbox"/> w/ Lasix <input type="checkbox"/> w/o Lasix	78707
<input type="checkbox"/> Whole Body Bone Scan	78306	<input type="checkbox"/> V/Q Lung Scan	78582
<input type="checkbox"/> Triple Phase Bone Scan	78315	<input type="checkbox"/> Brain SPECT	78607
<input type="checkbox"/> Limited Bone Scan (Indicate body part)	78300	<input type="checkbox"/> Liver Spleen	78215
<input type="checkbox"/> SPECT Bone Scan	78320	<input type="checkbox"/> Liver SPECT (Hemangioma)	78205
<input type="checkbox"/> Thyroid Uptake & Scan	78014	<input type="checkbox"/> Lung Quantification Scan	78582
<input type="checkbox"/> MUGA	78472	<input type="checkbox"/> DAT Scan	78803
<input type="checkbox"/> Hepatobiliary/HIDA <input type="checkbox"/> w/CCK <input type="checkbox"/> w/o CCK	<input type="checkbox"/> 78226, <input type="checkbox"/> 78227	<input type="checkbox"/> Gallium-67 Scan:(_____)	78805
<input type="checkbox"/> Gastric Emptying	78264	<input type="checkbox"/> I-131 Whole Body	78018

Physician Name \_\_\_\_\_

Physician Signature \_\_\_\_\_

Date \_\_\_\_\_

**Fax to: 954-580-2790**