

Office: (727) 525-2121
 Fax: (727) 526-5872
 www.GatewayRadiology.com



4800 Park Blvd.
 Pinellas Park, FL 33781
 2100 1st Ave. S.
 St. Petersburg, FL 33712



Patient Name _____
 DOB ____-____-____ Phone _____
 Appointment Date _____ Time _____ (Free Transportation for MRI or CT)
 Practice of: _____ Phone _____ Fax _____

3T MRI

- 74181 Abdomen (wo)
- 74183 Abdomen (w/wo)
- A9581 w/ Eovist (Liver Contrast)
- 70551 Brain (wo)
- _____ Trauma w/ DTI & SWI
- 70552 Brain (w) only
- 70553 Brain (w/wo)
- 77048 Breast Uni (w) and/or (wo)
- 77049 Breast Bilat (w) and/or (wo)
- 73218 Brachial Plexus (wo)
- 72141 Cervical (wo)
- _____ Axis Views - Alar/Transverse
- 72156 Cervical (w/wo)
- 77012/73222/73201 Arthrogram Upper Ext (w)
- _____ 23350 Shoulder _____ 25246 Wrist _____ 20610 Steroid
- 77012/73722/73701 Arthrogram Lower Ext (w)
- _____ 27093 Hip _____ 27370 Knee _____ 20610 Steroid
- 70551 IACs (wo)
- 70552 IACs (w) only
- 70553 IACs (w/wo)
- 72148 Lumbar (wo)
- 72158 Lumbar (w/wo)
- 74181 MRCP (wo)
- 70540 Orbit, Face, Neck (wo)
- 70543 Orbit, Face, Neck (w/wo)
- 72195 Pelvis (wo)
- 72197 Pelvis (w/wo)
- 70553 Pituitary (w/wo)
- 70336 T.M.J. (wo)
- 72146 Thoracic (wo)
- 72157 Thoracic (w/wo)
- 73221 Upper Ext. Joint L / R (wo)
- _____ shoulder _____ elbow _____ wrist
- 73218 Upper Ext. Non-Joint L / R (wo)
- _____ humerus _____ forearm _____ hand
- 73223 Upper Ext. Joint L / R (w/wo)
- _____ shoulder _____ elbow _____ wrist
- 73220 Upper Ext. Non-Joint L / R (w/wo)
- _____ humerus _____ forearm _____ hand
- 73721 Lower Ext. Joint L / R (wo)
- _____ hip _____ knee _____ ankle
- 73718 Lower Ext. Non-Joint L / R (wo)
- _____ femur _____ tibia _____ fibula _____ foot
- 73723 Lower Ext. Joint L / R (w/wo)
- _____ hip _____ knee _____ ankle
- 73720 Lower Ext. Non-Joint L / R (w/wo)
- _____ femur _____ tibia _____ fibula _____ foot
- Other _____

MRA

- 70544 Brain (COW) (wo)
- 70547 Neck/Carotids (wo)
- 70549 Neck/Carotids (w/wo)
- 72198 Pelvis (w/wo)
- 74185 Abdomen (w/wo)
- 74185/72198/73725x2 Abdomen w/ Runoff

Labs/Sedation

- 84520/82565 BUN/Creatinine (On-site)
- _____ Radiologist Discretion for Contrast
- _____ Oral Sedation (Radiologist required on-site)

64 Slice CT

- 74261 Virtual Colonoscopy
- 74178/76377 Enterography
- 74176 **Abdomen/Pelvis** (wo)
- 74177 **Abdomen/Pelvis** (w) only
- 74178 **Abdomen/Pelvis** (w/wo)
- 74150 Abdomen (wo)
- 74170 Abdomen (w/wo)
- 70450 Brain (wo)
- 70470 Brain (w/wo)
- 72125 Cervical (wo)
- 72127 Cervical (w/wo)
- 71260 Chest (w)
- G0297 Low Dose CT Chest (Screening for Lung Cancer)
- 71250 Chest/Thorax (wo)
- 71270 Chest/Thorax (w/wo)
- 70486 Facial (wo)
- 70488 Facial (w/wo)
- 72131 Lumbar (wo)
- 72133 Lumbar (w/wo)
- 72192 Pelvis (wo)
- 72194 Pelvis (w/wo)
- 74176 Renal Stone (wo)
- 70486 Sinus (wo)
- 70490 Soft Tissue Neck (wo)
- 70491 Soft Tissue Neck (w)
- 70492 Soft Tissue Neck (w/wo)
- 70480 Temporal Bone (IAC) (wo)
- 70482 Temporal Bone (IAC) (w/wo)
- 72128 Thoracic (wo)
- 72130 Thoracic (w/wo)
- 76377** 3D Reconstruction
- 74177/76377 Urogram (w)
- 74178/76377 Urogram (w/wo)
- Other _____

CTA w/ Contrast

- 70498 Carotid (w)
- 71275 Chest (w)
- 70496 Head (w/wo)
- 74175 Abdomen
- 74174 Abdomen/Pelvis (w/wo)
- 72191 Pelvis
- 75635 Extremity Run-off _____ upper _____ lower
- Other _____

PET/CT

A9552 F-18 FDG PET/CT

- 78815 PET/CT Skull Base to Mid Thigh
- 78816 PET/CT Whole Body (Melanoma only)
- 78608 FDG PET Brain Imaging

A4641/G0235-Required for Amyvid Studies

- 78814 PET/CT Brain-Amyvid (Alzheimer's)

A9580 NaF Bone Scan

- 78816 PET/CT NaF Bone Scan Whole Body

ABN may be required if diagnosis is NOT listed on National Coverage Determination provided by Medicare

Nuclear Medicine

- 78305 Bone Scan Limited (multi areas)
- 78306 Bone Scan Whole Body
- 78300 Bone Scan Limited (single area)
- 78315 3 Phase Bone Scan
- 78320 Spect Bone
- 78264 Gastric Emptying
- 78227 HIDA-Hepatobiliary w/EF
- 78226 HIDA-Hepatobiliary (wo) EF
- 78215 Liver/Spleen
- 78205 Liver SPECT - Hemangioma Scan
- 78290 Meckels Scan
- 78472 MUGA Scan
- 78070 Parathyroid Scan
- 78707 Renal Scan
- 78708 Renal Scan Captopril (or) Lasix
- 78014 Thyroid Uptake & Scan I-123

(Write-in Required) Diagnosis Code: _____

Physician Signature: _____ Date: _____

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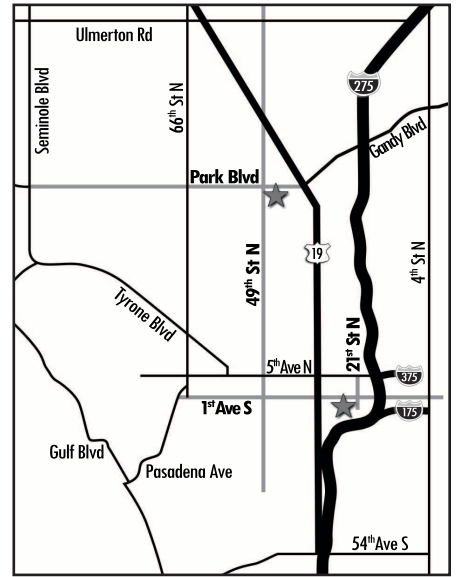
Patient Name _____
 DOB ____ - ____ - ____ Phone _____
 Appointment Date _____ Time _____ (Free Transportation for MRI or CT)
 Practice of: _____ Phone _____ Fax _____

Digital X-RAY L R

- 74019 Abdomen Flat/Upright (2v)
- 74018 Abdomen (KUB)
- 74022 Acute Abd Series (2v) + PA Chest
- 73610 Ankle Complete (3v)
- 77075 Bone/Skeletal Survey Study
- 73650 Calcaneus (2v)
- 72050 Cervical (4v)
- 71046 Chest PA & LAT (2v)
- 73000 Clavicle (2v)
- 72052 Davis Series (6v+1)
- 73080 Elbow (3v)
- 73552 Femur (2v)
- 73140 Finger (3v)
- 73630 Foot (3v)
- 73090 Forearm (2v)
- 73130 Hand (3v)
- 73502 Hip (2v)
- 73522 Hip B/L (2v) w/ AP Pelvis
- 73060 Humerus (2v)
- 73560 Knee (2v)
- 73562 Knee (3v)
- 72100 Lumbar (2v)
- 72110 Lumbar (4v)
- 72170 Pelvis (1-2v)
- 71100 Rib - Uni min (2v) ___L ___R
- 71101 Rib - Uni w/ PA Chest min (min 3v) ___L ___R
- 71110 Ribs - Bilat Ribs
- 71111 Bilat Ribs w/ a PA Chest
- 72220 Sacrum/Coccyx (3v)
- 73030 Shoulder Complete (2v minimum)
- 72202 S.I. Joints Bilat (3v)
- 70220 Sinus (3v)
- 72074 Thoracic (4v)
- 73590 Tibia/Fibula (2v)
- 73110 Wrist (3v)
- Other _____

Ultrasound

- 93978 Abdomen Aorta
- 76706 Abdominal Aorta AAA Screening
- 76700 Abdominal Complete
- 76705 Abdominal Limited
 ___RUQ ___GB ___Liver ___LUQ
- 93880 Carotid
- 93306 Echocardiogram
- 76882 Extremity Nonvascular Limited
- 76801 Fetal OB < 1st Tri
- 76805 Fetal OB > 2nd Tri
- 76775 Kidneys (only)
- 93925/93922 Lower Ext. Arterial **Bil w/ABI**
- 93926/93922 Lower Ext. Arterial **Uni w/ABI**
 ___ Left ___ Right
- 93930 Upper Ext. Arterial Bilateral
- 93931 Upper Ext. Arterial Uni/Limited
 ___ Left ___ Right
- 93976 Liver/Portal Vein Doppler
- 93975 Renal Arterial
- 76770 Retroperitoneal Complete
 (Kidneys/Aorta/Bladder)
- 76536 Thyroid
- 93970 Venous Insufficiency/Varicose Vein
- 93970 Venous Ext. Bilat (Rule Out DVT)
 ___ Upper ___ Lower
- 93971 Venous Ext. Uni ___L ___R
 ___ Upper ___ Lower
- Other _____
- Male**
- 76857 Pelvic Lmt. - Male
- 76870/93976 Testicular w/Doppler
- Female**
- 76856 Pelvic Complete - Female Only
- 76830 Transvaginal



Complete Breast Imaging Mammography

- Screening with Implants - Female Only
- Diagnostic with Implants
- 77067 Screening Mammo w/ CAD - Female Only
- 77066 Bilateral Diagnostic w/ CAD
- 77065 Unilateral Diagnostic w/ CAD
 ___L ___R

Ultrasound

- 76641 Breast ___L ___R ___Bilat

3T MRI

- 77048 Breast MRI Uni (w) and/or (wo)
 ___L ___R
- 77049 Breast MRI Bilat (w) and/or (wo)

Evaluation of Symptomatic Patient

- 611.72 Palpable Mass/Lump
- 611.89 Breast Density
- 793.80 Abnormal Screening Mammogram
- 611.79 Nipple Discharge
- 611.71 Breast Pain
- V16.3 Family History of Breast Cancer

DXA SCAN

- 77080 DXA-Bone Density
- Must Mark Diagnosis Below**
- 733.90 Osteopenia
- 733.00 Osteoporosis
- 627.2 Peri-Menopausal

(Write-in Required) Diagnosis Code: _____
Date: _____
Physician Signature: _____

Preparation Instructions:

- MRCP:** Nothing to eat 4 hours prior.
- CT:** Any study with I.V. contrast (Iodine) ONLY clear liquids 2 hours prior to test.
- Mammogram:** No deodorant, perfume, powder, lotion or creams.
- Upper Abdomen Ultrasound:** No food or drink after midnight or 6 hours prior.
- Pelvic and Bladder Ultrasound:** Full Bladder; Patient must complete 32 oz. water prior & hold until exam is completed.
- Any Obstetric:** Requires Full Bladder.
- Nuc Med:** Gastric and Hida Scan; NO food, drink pain meds or narcotics 4 hours prior to appt.
- Nuc Med:** No CT contrast w/Iodine 6 weeks prior to Thyroid Uptake & Scan.
- CAPTOPRIL:** Discontinue ACE inhibitors 48 hours to exam.
- PET/CT:** Go to www.gatewayradiology.com for specific instructions. Fast, except water, 4 hours prior to appointment. A high protein/low carbohydrate/low sugar diet the day before (and morning of) the exam will improve the quality of the PET scan. Any exercise, especially jogging or weightlifting, should be avoided 24-48 hours prior to appointment. Injected insulin should be avoided. Please call for full details.