

# Scheduling 818.904.3700

Radiology Direct Phone 818.902.2951

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15107 Vanowen Street  
Van Nuys, CA 91405

PATIENT NAME:	DOB:	REQUESTING PHYSICIAN:
PATIENT PHONE:	<input type="checkbox"/> ROUTINE <input type="checkbox"/> STAT	PHYSICIAN PHONE:  PHYSICIAN FAX:

Radiology X-ray Exams	CPT Code	CT Exam	CPT Code	Ultrasound Exam	CPT Code
CHEST, 2 view	71020	CT BRAIN w/o contrast	70450	US ABDOMEN COMPLETE	76700
ABDOMEN, KUB	74000	CT BRAIN with and w/o contrast	70470	US ABDOMEN LIMITED	76705
ABDOMEN, SERIES	74020	CT SINUSES w/o contrast	70486	US GALLBLADDER	76705
PELVIS	72170	CT FACIAL BONES with and w/o	70488	US AORTA/ILLIACS	76775
CERVICAL SPINE	72050	CT TEMPORAL BONES with and w/o	70482	US BREAST - R or L	76641
THORACIC SPINE	72072	CT SOFT TISSUE NECK with contrast	70491	US OB TRANSABDOMINAL	76815
LUMBAR-SACRAL SPINE	72110	CT CHEST w/ contrast	71260	US OB TRANSVAGINAL	76817
SACRUM/COCCYX	72220	CT HIGH RESOLUTION CHEST w/o	71250	US OB LIMITED	76815
SINUSES	70220	CT ABDOMEN w/ contrast	74160	US PELVIS (NON OB)	76856
NASAL BONES	70160	CT ABDOMEN w/o contrast	74150	US SCROTUM/TESTICLES	76870
SKULL	70250	CT PELVIS w/ contrast	72193	US GUIDED BIOPSY	76942
ORBITS	70200	CT PELVIS w/o contrast	72192	US THYROID	76536
FACIAL BONES	70140	CT ABD/PELVIS w/ oral & IV contrast	74177	US NEONATAL HEAD	76506
RIBS RIGHT or LEFT	71100	CT ABD/PELVIS w/o (R/O stone)	74176	US NEONATAL HIPS	76885
SHOULDER RIGHT or LEFT	73030	CT ABD/PELVIS w/ and w/o	74178	US PARACENTESIS	49083
CLAVICLE RIGHT or LEFT	73000	CT LIVER with contrast	74160	US GUIDED THORACENTESIS	32555
ELBOW RIGHT or LEFT	73080	CT KIDNEY w/ and w/o contrast	74170		
FOREARM RIGHT or LEFT	73090	CT PANCREAS w/ and w/o contrast	74170	<b>Vascular Ultrasound Exams</b>	
WRIST RIGHT or LEFT	73110	CT CERVICAL SPINE w/o contrast	72125	CAROTID DUPLEX	93880
HAND RIGHT or LEFT	73130	CT THORACIC SPINE w/o contrast	72128	RENAL DUPLEX	93975
FINGER RIGHT or LEFT	73140	CT LUMBAR SPINE w/o contrast	72131	UPPER or LOWER EXT ART Bilat Cmplt	93923
HIP RIGHT or LEFT	73510	CT ORBITS w/o contrast	70480	UPPER or LOWER EXT ART Bilat Lmtd	93922
FEMUR RIGHT or LEFT	73550	CT UPPER EXTREMITY w/ contrast	73201	UPPER or LOWER EXT VEN Bilat Cmplt	93970
KNEE RIGHT or LEFT	73564	CT LOWER EXTREMITY w/ contrast	73701	UPPER or LOWER EXT VEN Bilat Lmtd	93971
TIB-FIB RIGHT or LEFT	73590	CT GUIDED BIOPSY	77012	VEIN MAPPING SCAN	76937
ANKLE RIGHT or LEFT	73610	CT GUIDED DRAINAGE w/ catheter	75989	<b>Nuclear Medicine Exams</b>	
FOOT RIGHT or LEFT	73630			BONE SCAN	78306
TOE RIGHT or LEFT	73660			HIDA SCAN	78226
		<b>CT Angiography Exams</b>		HIDA SCAN w/ CCK	78227
		CTA BRAIN w/ contrast	70496	MYOCARDIAC PERFUSION	78452
		CTA CAROTIDS w/ contrast	70498	THYROID UPTAKE SCAN	78014
		CTA PULMONARY ARTERIES w/	71275	THYROID CANCER ABLATION	79005
<b>Fluoroscopy X-ray Exams</b>		CTA CARDIAC w/ contrast	75574	HYPERTHYROID ABLATION	79005
ESOPHAGRAM	74220	CT CORONARY CALCIUM SCORING	75571	GI BLEED SCAN	78278
UPPER GASTROINTESTINAL (UGI)	74246	CTA THORACIC AORTA w/ contrast	71275	VQ LUNG SCAN	78582
VIDEO SWALLOW w/ Speech	74230	CTA ABDOMEN/PELVIS w/ contrast	74174	RENAL SCAN w/o pharmaceuticals	78707
SMALL BOWEL SERIES (SBFT)	74250	CTA RENAL ARTERIES w/ contrast	74175	RENAL SCAN w/ pharmaceuticals	76806
BARIUM ENEMA (BE)	74280	CTA UPPER EXTREMITY (RUN-OFFS)	73206	WHITE BLOOD CELL SCAN complete	78806
VOIDING CYSTOGRAM (VCUG)	74455	CTA LOWER EXTREMITY (RUN-OFFS)	73706	WHITE BLOOD CELL SCAN limited	78805
LUMBAR PUNCTURE (LP)	62270			GASTRIC EMPTY	78264

OTHER EXAMS / PROCEDURES:

REASON FOR EXAM / SIGNS / SYMPTOMS:

COMMENTS:

PHYSICIAN SIGNATURE:	DATE:	TIME:
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VALLEY PRESBYTERIAN  
HOSPITAL

## OUTPATIENT RADIOLOGY REQUISITION FORM

Page 1 of 1

PATIENT I.D.