Advance Cardiovascular Imaging, Inc.

Diagnostic Imaging Appointment Scheduling Form

10260 SW 56TH ST STE 102 | MIAMI, FL 33165-7021
Phone: (305) 270-7855 | Fax: (786) 746-8141

Name: _____

DOB: _____

Phone: _____

Sex: _____

Diagnosis: _____ ☐ Stat ☐ Verbal Results

Special Instructions: _____

Referring Physician: _____

Physician's Signature: _____

NPI #: _____ **Date:** _____

Please SELECT ONE below.

MAMMOGRAPHY

☐ Screening Mammography W/Tomo	**77067/77063**
☐ Diagnostic Mammography Bilateral W/Tomo	**77066/77062**
☐ Diagnostic Mammography Unilateral W/Tomo	**77065/77061**
☐ Contrast Enhanced Mammography	**77066 / 96374 / Q9967**

Reason for Exam: _____

ULTRASOUND

☐ Thyroid / Neck ☐ Head ☐	**76536**
☐ Breast (Complete) Rt ☐ Lt ☐ B/L ☐	**76641**
☐ Breast Limited (single quadrant) Rt ☐ Lt ☐	**76642**
☐ Abdomen Complete	**76700**
☐ Abdomen Limited (RUQ)	**76705**
☐ Abdominal Wall	**76705**
☐ Retroperitoneal - Complete	**76770**
☐ Retroperitoneal - Limited Ao ☐ Renal ☐	**76775**
☐ Transvaginal	**76830**
☐ Pelvic M ☐ F ☐	**76856**
☐ Urinary Bladder	**76857**
☐ Testicular / Scrotal	**76870**
☐ Extremity - Nonvascular	**76881**
☐ Knee ☐ Shoulder ☐ Rt ☐ Lt ☐ B/L ☐	**76881**
☐ Wrist ☐ Ankle Rt ☐ Lt ☐ B/L ☐	**76881**
☐ Trunk - Back Upper ☐ Lower ☐	**76604**
☐ Trunk - Chest	**76604**
☐ Axilla Rt ☐ Lt ☐ B/L ☐	**76882**
☐ Inguinal Rt ☐ Lt ☐ B/L ☐	**76882**
☐ FibroScan	**91200**
☐ Obstetrical <14 weeks	**76801**

Reason for Exam: _____

PATIENT PREPARATION

For exams requiring a full bladder:

- **Drink 32 oz of water before your exam.**
- **DO NOT URINATE until your exam.**
- **All Abdominal US 6 hrs Fasting.**

Please Stamp w/office Inf Seal if Available

Please SELECT ONE below.

CARDIOLOGY

☐ ECG	**93000**
☐ Holter Monitoring	**93230**
☐ Cardiovascular Stress Test	**93015**
☐ Echocardiogram / Myocardial Strain	**93306 / 93356**
☐ Echo - F/U Limited	**93308**
☐ Doppler Echocardiography	**93320**
☐ Color Flow Mapping	**93325**
☐ Stress Echocardiogram	**93350**

Reason for Exam: _____

VASCULAR

☐ Carotid Duplex Bilateral	**93880**
☐ ABI	**93922**
☐ PVR Multi-Segmental LE	**93923**
☐ Arterial Duplex Upper ☐ Lower ☐	**93925**
☐ Arterial Duplex - Limited Upper ☐ Lower ☐ Rt ☐ Lt ☐	**93926**
☐ Venous Duplex Upper ☐ Lower ☐	**93970**
☐ Venous Duplex - Limited Upper ☐ Lower ☐ Rt ☐ Lt ☐	**93971**
☐ Renal Artery Duplex	**93975**
☐ Aorta Duplex	**93978**

Reason for Exam: _____

NUCLEAR MEDICINE PROCEDURES

☐ Bone Scan	**78306**
☐ Thyroid Scan	**78013**
☐ Thyroid Scan w/ Uptake	**78014**
☐ Bone Scan - Triple Phase	**78315**
☐ Parathyroid Scan	**78070**
☐ Liver / Spleen Scan	**78215**
☐ Hepatobiliary Scan	**78223**
☐ Thallium Stress Test	**78452**

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Physician's Signature: _____

NPI #: _____ **Date:** _____

Please SELECT ONE below.

X-RAY - HEAD / FACIAL

☐ Mandible - Complete	**70110**
☐ Facial Bones - Complete	**70150**
☐ Nasal Bones - Complete <3 Views	**70160**
☐ Optic Foramina	**70190**
☐ Orbits - Complete 4 Views	**70200**
☐ Sinuses - Paranasal Complete	**70220**
☐ Sella Turcica	**70240**
☐ Skull - Complete	**70260**

Reason for Exam: _____

X-RAY - CHEST

☐ Chest - 2 Views	**71046**
☐ Ribs - Unilateral	**71100**
☐ Ribs - Bilateral	**71110**
☐ Sternum	**71120**
☐ Sternoclavicular Joint	**71130**

Reason for Exam: _____

Please SELECT ONE below.

X-RAY - SPINE & PELVIS

☐ Cervical Spine - 2 or 3 Views	**72040**
☐ Cervical Spine - Min 4 Views	**72050**
☐ Cervical Complete / Flex & Ext	**72052**
☐ Thoracic Spine - 2 Views	**72070**
☐ Thoracic Spine - 3 Views	**72072**
☐ Scoliosis Series	**72082**
☐ Lumbar Spine - 2 or 3 Views	**72100**
☐ Lumbar Spine - Min 4 Views	**72110**
☐ Coccyx / Sacrum	**72220**
☐ Pelvis - 1 or 3 Views	**72170**
☐ Sacroiliac Joints <3 Views	**72200**

Reason for Exam: _____

OTHER X-RAY

☐ KUB / Abdomen - 1 View	**74018**
☐ Abdomen - 2 Views	**74019**
☐ Bone Age	**77072**
☐ Bone Density	**77080**

Reason for Exam: _____

Please SELECT ONE below.

X-RAY - UPPER EXTREMITIES

☐ Clavicle - Complete Rt ☐ Lt ☐	**73000**
☐ Scapula - Complete Rt ☐ Lt ☐	**73010**
☐ Shoulder - Complete Rt ☐ Lt ☐	**73030**
☐ Humerus - Min 2 Views Rt ☐ Lt ☐	**73060**
☐ Elbow - Min 3 Views Rt ☐ Lt ☐	**73080**
☐ Forearm - 2 Views Rt ☐ Lt ☐	**73090**
☐ Wrist - Complete / Min 3 Views Rt ☐ Lt ☐	**73110**
☐ Hand - Min 3 Views Rt ☐ Lt ☐	**73130**
☐ Finger Rt ☐ Lt ☐	**73140**

Reason for Exam: _____

X-RAY - LOWER EXTREMITIES

☐ Hip - Unilateral Complete Rt ☐ Lt ☐	**73502**
☐ Hip - Bilateral 2 Views Each	**73521**
☐ Femur - 2 Views Rt ☐ Lt ☐	**73552**
☐ Knee - 1 or 2 Views Rt ☐ Lt ☐	**73560**
☐ Knee - 3 Views Rt ☐ Lt ☐	**73562**
☐ Tibia & Fibula - 2 Views Rt ☐ Lt ☐	**73590**
☐ Ankle - Complete Min 3 Views Rt ☐ Lt ☐	**73610**
☐ Foot - Complete 3 Views Rt ☐ Lt ☐	**73630**
☐ Calcaneus - Min 2 Views Rt ☐ Lt ☐	**73650**
☐ Toes - Min 2 Views Rt ☐ Lt ☐	**73660**

Reason for Exam: _____

X-RAY PATIENT PREPARATION

- Remove earrings, watches, jewelry, and other metal objects.
- Wear comfortable clothing; a gown may be provided.
- **Tell the technologist if you are or may be pregnant.**

Please Stamp w/office Inf Seal if Available