|  |  |
| --- | --- |
| Diagnostic and Wellness Centerat Harbor-UCLA Medical CenterMedical Director:Matthew Budoff, MD FACCSaint John’s Building 1st Floor21840 Normandie Avenue, Torrance, CA 90502Phone: 310 222 2773 Fax: 310 460 8963www.CalciumScan.comNPI 1821101015 Tax ID 33-0003558 | **Ordering Physician:** Name:Address:Phone/ Fax:Email:X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Physician Signature [required for Medicare/Insurance Beneficiaries]Date of Request: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**REPORT PREFERENCE: [ ]  FAX [ ]  MAIL [ ]  EMAIL |

ADVANCED LOW DOSE CT ORDER REQUISITION

Patient\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birth Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_ [ ]  Male [ ]  Female Insurance \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Auth: \_\_\_\_\_\_\_\_\_\_

Blood Pressure \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pulse \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Weight\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CABG # of Vessels: \_\_\_\_\_\_\_\_\_ Stent # and vessels: \_\_\_\_\_\_\_\_\_ **Creatinine:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Chief Complaint: Diagnosis to be ruled out: Relevant ICD-10 (if known):**

|\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_|\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_|\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments/Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CT ANGIOGRAPHY:** [ ]  **CAROTID** [ ]  **CORONARY** [ ]  **CHEST** [ ]  **RENAL** [ ]  **RUN-OFF** [ ]  **CT TAVR**

[ ]  71275 Chest CTA for Pulmonary embolism (I26.99) [ ]  70498 Carotid [ ]  73706 Low Extr Run-Off

[ ]  71275 Chest CTA for Aortic Dissection (I17.01) [ ]  75635 Renal CTA [ ]  75635 Abd Aortagram AAA

[ ]  75574 Coronary Angiography CTA [ ]  75573 Congenital Heart Disease *specify* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  75574 Coronary Angiography CTA with Wall Motion [ ]  75572 Pre-EP Studyno coronaries [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Other CT Services:**

**Chest Abdomen Pelvis Spine**

[ ]  71250 w/o contrast [ ]  74150 w/o contrast [ ]  72192 w/o contrast [ ]  72131 Lumbar w/o contrast

[ ]  71260 with contrast [ ]  74160 with contrast [ ]  72193 with contrast

[ ]  71270 with/ wo contrast [ ]  74170 with/wo contrast [ ]  72194 with/wo contrast

[ ]  71275 Chest CTA/PE Study

**Urogram Colon Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

[ ]  74170, 72194 with/ wo contrast [ ]  74261 Virtual Colonoscopy [ ]  with [ ]  without [ ]  with/wo contrast

**Wellness Screenings/ Other Services: \**Covered by Medicare with medical necessity***

[ ]  75571 **Coronary Artery Calcium (Heart)**\* [ ]  77078 **CT Bone Density/BMD**\*

[ ]  75571-77078 **Heart and CT Bone Density/BMD**\* [ ]  71250-77078 **Lung and CT Bone Density/BMD**\*

[ ]  75571-71250-74176 **Heart and Body Scan** [ ]  0126-T Carotid Health Check - **CIMT**

[ ]  75571-71250 Heart **and Lung Scan** [ ]  93306-**Complete Echocardiogram**

[ ]  71250 **Lung Scan\*** [ ]  74263 Colon/**Virtual Colonoscopy**\*

GENERAL INSTRUCTIONS FOR ALL CT IMAGING

* Wear comfortable clothing. Avoid clothing with metal buttons or decorations.
* Arrive 15 minutes prior to your appointment.
* Bring this form and your insurance cards and/or completed paperwork (if received in advance).

 INSTRUCTIONS CT OF ABDOMEN/PELVIS

* Drink plenty of water the day before, day of and day after the procedure.
* Light meals are permitted prior to your procedure.
* If you received a package of powder barium sulfate in advance, use 1½ hour before your appointment time follow mixing instructions on package. If you did NOT receive barium powder package, arrive at least 1 hour prior to your appointment time for this process.

 INSTRUCTIONS FOR IV CONTRAST STUDIES

* Drink plenty of water the day before, day of and day after the procedure.
* Light meals are permitted prior to your procedure (important for diabetics).
* Provide lab results of recent BUN/CREATINE with date.
* Inform Diagnostic and Wellness Center-Harbor-UCLA of any allergies, past difficulties with contrast and/or IVs.

 INSTRUCTIONS FOR CORONARY CT ANGIO ONLY

* Follow instructions as listed above 1-10 for contrast procedures.
* If taking any BETABLOCKERS such as Metoprolol, Propranolol, Tenormin, Inderal, Toprol, Lopressor, Atenolol – *TAKE* this medication as usual, preferably in the morning.
* If taking GLUCOPHAGE, METFORMIN, GLUCOVANCE, please DO NOT take this medication on the day of your procedure.
* If taking VIAGRA, LEVITRA, CIALIS – Please DO NOT take within 24 hours of procedure and 48 hours following.

 INSTRUCTIONS FOR CT OF COLON ONLY

* Follow instructions and guidelines for LoSo Prep. These items are provided by Diagnostic and Wellness Center, Harbor-UCLA in advance and must be started 5 days prior to appointment.
* Do not eat any food prior to your procedure.
* If Diabetic, please inform Diagnostic and Wellness Center –Harbor-UCLA immediately.

**www.CalciumScan.com**

 **Directions to 21840 Normandie Ave, Torrance CA 90502 ~ CT Scanner Saint John’s Building**

**310.222.2773**

* Off **110 FWY**, Exit Carson Street, head West
* Left on Normandie Ave (traveling south), Left on 220th Street
* On 220th, turn left into first driveway, See CT Scanner and parking straight ahead
* Proceed to Saint John’s Building (south west area of medical center campus)
* Convenient RESERVED FREE Parking, Just Steps from Entrance of Building - CT Scanner



Saint Johns

CT Scanner