BRONSON
DIAGNOSTICS AND ULTRASOUND OUTPATIENT ORDER FORM

Name (Last) (First) (M.I)

Birth Date | Maiden or Previous Name | Sex ☐ M ☐ F

Primary Diagnosis(es) & ICD-10 Code(s) or Symptoms

All orders require a signature from the provider to process

Provider Signature:_____ Date Time

Print Provider Name:_____

Visit/Encounter # Unit Med. Record #

Schedule Appt ☐ Patient will call 269-341-8700 ☐ Fax Order to 269-343-4277
BBC Scheduling 269-245-8666 BBC Fax 269-245-4902 ☐ Physician will call

Does patient meet criteria for Hydration Protocol? ☐ yes ☐ no Lab result date _____ Allergies ☐ yes ☐ no
GFR:_____ Creatinine:_____ (within 30 days of scheduled exam or new labs must be drawn) Allergy to X-ray Dye\Contrast ☐ yes ☐ no

ADDITIONAL CLINICAL DATA/SIGNS & SYMPTOMS	ADDITIONAL INSTRUCTIONS

Please read the following statement to the patient's insurance company and record the authorization number on the blank after the statement. "I am calling for authorization of (*the ordered procedure*) for both the facility and the provider interpretation." Authorization Number_____.

GENERAL XRAY

CHEST/RESPIRATORY/RIBS

CHEST PA & LAT (ROUTINE)	71046
CHEST PA ONLY	71045
NECK FOR SOFT TISSUE	70360
RIBS (INCLUDE PA CHEST) ☐ UNILATERAL ☐ RT ☐ LT	71101
☐ BILATERAL	71111

ABDOMEN

ABD FLAT PLATE/SUPINE	74018
ABD FLAT & UPRIGHT	74019
ABD ACUTE (INCLUDES PA CHEST)	74022

HEAD

SKULL COMPLETE	70260
FACIAL BONES	70150
MANDIBLE	70110
ORBITS FOR MRI SCREENING	70030
SINUSES	70220

SPINE

CERVICAL AP & LAT	72040
CERVICAL W/OBLIQUES (ROUTINE)	72050
CERVICAL FLEX & EXTEND ONLY	72040
CERVICAL LIMITED/circle option COLLAR ON COLLAR OFF	72040
THORACIC AP & LAT (ROUTINE)	72070
LUMBAR AP & LAT (ROUTINE)	72100
LUMBAR WITH OBLIQUES	72110
LUMBAR FLEX & EXTEND ONLY	72114
LUMBAR AP & LAT STANDING	72100
SCOLIOSIS SURVEY ERECT	72081
MYELOGRAM CERVICAL	62302
MYELOGRAM THORACIC	62303
MYELOGRAM LUMBAR	62304
MYELOGRAM 2 OR MORE	62305
LEVELS, SPECIFY LEVELS	

UPPER EXTREMITIES

ACROMIO-CLAVICULAR JOINTS	73050
CLAVICLE ☐ RT ☐ LT	73000
SHOULDER ☐ RT ☐ LT	73030
HUMERUS ☐ RT ☐ LT	73060
ELBOW ☐ RT ☐ LT	73070

GENERAL XRAY

UPPER EXTREMITIES (Cont.)

FOREARM ☐ RT ☐ LT	73090
WRIST 3 VIEW ☐ RT ☐ LT	73110
HAND 3 VIEW ☐ RT ☐ LT	73130
FINGERS ☐ RT ☐ LT	73140
INFANT COMPLETE UPPER EXT **(0-12 MOS)** ☐ RT ☐ LT	73092

PELVIS AND HIPS

PELVIS AP	72170
HIP ☐ RT ☐ LT	73502

LOWER EXTREMITIES

FEMUR ☐ RT ☐ LT	73552
KNEE ☐ RT ☐ LT	
☐ 2 VIEW AP&LAT	73560
☐ 4 + VIEW (SPECIFY)	73564
LEG (TIBIA & FIBULA) ☐ RT ☐ LT	73590
ANKLE ☐ RT ☐ LT	73610
FOOT ☐ RT ☐ LT	73630
HEEL (OS CALCIS) ☐ RT ☐ LT	73650
TOES ☐ RT ☐ LT	73660
INFANT COMPLETE LOWER EXT **(0-12 MOS)** ☐ RT ☐ LT	73592

BONE SURVEY EXAMS

BONE AGE (PA LEFT HAND/WRIST)	77072
BONE LENGTH STUDY	77073
BONE SURVEY (13 MO – ADULT)	77075
BONE SURVEY **INFANT (0-12 MOS)**	77076

*GENERAL XRAY *SPECIAL STUDIES

GASTROINTESTINAL FLUORO

*ESOPHAGUS	74220
*VIDEO FLUOROSCOPIC SWALLOW STUDY	74230
*UPPER GI	74240
*UPPER G.I. WITH ESOPHAGUS	74240
*SMALL BOWEL	74250
*BARIUM ENEMA	74270/74280
*POST OP(T-TUBE)	75984

***URINARY SYSTEM**

KUB (NO APPOINTMENT NEEDED)	74018
*I.V. PYELOGRAM	74400
*CYSTOGRAPHY	74430
*VOIDING CYSTOGRAM	74455

***MISCELLANEOUS**

*ARTHROGRAM ☐ RT ☐ LT (SPECIFY WHICH JOINT):	
*HYSTEROSALPINGOGRAM	74740
*SIALOGRAM	70390
SHUNT SURVEY 70250, 71046, 74019	

***ULTRASOUND OB**

OB >14 WEEKS, FOLLOW-UP	76805/76816
SELECT ONE ☐ **WITH ENDOVAG IF NECESSARY 76817** ☐ WITHOUT ENDOVAG	
OB LIMITED (Ex. fetal pos., AFI, viability)	76815
OB CERVICAL LENGTH	76817
BIOPHYSICAL PROFILE (Includes AFI)	76819
UMBILICAL CORD DOPPLER ONLY	76820
BIOPHYSICAL PROFILE WITH UMBILICAL CORD DOPPLER (Includes AFI) 76819, 76820	
MCA DOPPLER	76821
AMNIOCENTESIS	76946
FETAL ECHOCARDIOGRAM/FOLLOW-UP	76825, 76826

*ULTRASOUND

ABDOMEN

ABD - COMPLETE	76700
ABD - QUADRANT - SPECIFY	76705
GALL BLADDER	76705
LIVER	76705
PANCREAS	76705
RENAL DIAGNOSTIC TRANSPLANT	76776
AAA SCREENING	76706
AORTA DIAGNOSTIC	76775
KIDNEYS & BLADDER	76770
SPLEEN	76705
ABD - DOPPLER	93975

PELVIS

PELVIS	76856
SELECT ONE ☐ **WITH ENDOVAG IF NECESSARY 76830** ☐ WITHOUT ENDOVAG	
FOLLICLE STUDY (ENDOVAG ONLY)	76830
SONOHYSTEROGRAM	76831/76856

OTHER

APPENDIX	76705
BREAST ☐ RT ☐ LT	76645
BIOPSY OR ASPIRATION Specify_____	
CAROTID	93880
CRANIAL	76506
POPLITEAL AREA (e.g. baker's cyst)	76881
EXTREMITY ☐ RT ☐ LT	76881, 76882
EXTREMITY DOPPLER ☐ RT ☐ LT	93925, 93930
INFANT HIPS	76885
INFANT SPINE (e.g sacral dimple)	76800
CHEST	76604
PYLORUS	76705
THYROID	76536
SCROTUM	
SELECT ONE ☐ **WITH DOPPLER** 76870/93975 ☐ WITHOUT DOPPLER 76870	
PROSTATE	76872
OTHER SPECIFY	

***=REQUIRES APPOINTMENT** For driving directions and hours of operation, please visit www.bronsonhealth.com.