

**PHYSICIAN'S ORDERS FOR
ANCILLARY SERVICES**

Date of Order _____ Time of Order _____

Requested Date of Service _____ Diagnosis Related to Procedure _____

Patient Symptom(s) _____ Allergies _____

Other Pertinent Information _____

MRI			ROUTINE X-RAY			EEG	
Type (please check)	Code		Type (please check)	Code	Type (please check)	Code	
Abdomen	74181		Chest PA and Lateral	71020	EEG Routine	74000100	
Brain/Brainstem w/ Con	70552		Abdomen KUB	74000	EEG Sleep Deprived	74095819	
Brain/Brainstem w/o Con	70551		Skull Series	70260	ABR	74092595	
Brain/Brainstem w/wo Con	70553		Ribs Unilateral	71101	EEG Brain Map	74000150	
Chest	71550		Ribs Bilateral	71111	VEP	74092280	
Spine Cervical	72141		Cervical Spine Series	72050	Somatosensory	74001340	
Spine Lumbar	72144		Thoracic Spine Series	72070			
Spine Thoracic	72143		Lumbar Spine Series	72110	Reasons		
Other (specify)			Hip Unilateral	73510	Suspicion of or current anti-convulsant use for seizure order		
Other (specify)			Hip Bilateral	73520			
Other (specify)			Pelvis	72170	Possible change in the patient's mental status or level of consciousness		
Reasons (e.g. White Matter Disease, Demyelinating Disorder, Seizure Focus, Dementia, Infarction, Brain Tumor, Vascular Malformation, Huntington's Disease)			Femur <input type="checkbox"/> R <input type="checkbox"/> L	73550			
			Knee <input type="checkbox"/> R <input type="checkbox"/> L	73560	Suspicion of toxic, metabolic, or CNS degenerate processes		
			Toe <input type="checkbox"/> R <input type="checkbox"/> L	73660			
			Clavicle <input type="checkbox"/> R <input type="checkbox"/> L	73000	Evaluation for possible localized CNS change		
			Shoulder <input type="checkbox"/> R <input type="checkbox"/> L	73030			
			Humerus <input type="checkbox"/> R <input type="checkbox"/> L	73060	Other (specify)		
		Elbow <input type="checkbox"/> R <input type="checkbox"/> L	73070	Other (specify)			
		Forearm <input type="checkbox"/> R <input type="checkbox"/> L	73090	Other (Specify)			
		Hand <input type="checkbox"/> R <input type="checkbox"/> L	73130	EKG			
		Wrist <input type="checkbox"/> R <input type="checkbox"/> L	73110	EKG with Rhythm Strip			
		Finger (specify)	73140	Cardiac Pathology			
		Other (specify)		Pain			
		Other (specify)		Murmur			
		Other (specify)		Arrhythmia			
				Hypertension			
				Other (specify)			
				Other (specify)			
Reasons (e.g. Meningeal Tumor, Pituitary Tumor, Calcified Lesion, Parenchymal Hemorrhage, Skull Fracture, Acute (<12 hours) Subarachnoid)			Reasons				
			⊕ PPD				
			Persistent Non-Productive Cough				
			R/O Fracture		Medication Baseline		
			R/O Blockage		Research		
			C/O Pain		Other (specify)		
		Swelling in Affected Area		Other (specify)			
		Limited ROM		Other (specify)			

Physician Signature

IN ORDER TO COMPLY WITH MEDICARE AND MEDICAID REGULATIONS, EACH EXAM MUST BE MEDICALLY NECESSARY AND BE SUPPORTED BY THE PATIENT'S SYMPTOMS AND/OR DIAGNOSIS.