STAR IMAGING

1718 N. Fry Rd. Ste 350 Houston, TX 77084
PHONE: (832) 391-6173
FAX: (832) 391-6178
EMAIL: scheduling@stardiagnosticimaging.com
WEBSITE: www.stardiagnosticimaging.com

PATIENT INFORMATION

Date: _____ Date of Injury: _____

Name: _____ M F D.O.B: _____

Patient Phone #: _____

Insurance: _____ ICD 10 CODE(S): _____

Symptoms/Diagnosis: _____

PHYSICIAN INFORMATION

Name: _____ Phone: _____

Fax: _____ Email: _____

Provider Signature: _____

ATTORNEY INFORMATION

Law Firm: _____

Case Manager: _____

Phone: _____ Email: _____

REPORT ONLY GIVE PATIENT CD

CPT	MRI-BODY
74181	ABDOMEN W/O
74183	ABDOMEN W+W/O
73220	BRACHIAL PLEXUS WW/O
73218	BRACHIAL PLEXUS W/O
70551	BRAIN W/O
70553	BRAIN W+W/O
71552	CHEST W+W/0
71550	CHEST W/O
74181	MRCP
70543	ORBITS WW/O
72197	PELVIS W+W/O
72195	PELVIS W/O
70553	PITUITARY W+W/O
70336	TMI
CPT	**MRI-EXTREMITY**
73721	ANKLE W/O R L
73723	ANKLE W+W/O R L
73721	ELBOW W/O R L
73718	FEMUR (THIGH) W/O R
	TIB-FIB (LEG) R L
73718	FOOT ____ FOREARM ____ HAND____ R L
73721	HIP W/O R L
70553	LAC'S W+W/O
73721	KNEE W/O R L
73221	SHOULDER W/O R
73718	TIBIA W/O R L
73221	WRIST W/O R L
CPT	**MRI-SPINE**
72141	CERVICAL W/O
72156	CERVICAL SPINE W+W/O
72148	LUMBAR W/O
72158	LUMBAR W+W/O
72146	THORACIC W/O
72157	THORACIC W+W/O

CLAUSTROPHOBIA? YES NO

CPT	MRA
70544	BRAIN
705-47	CAROTIDS
70544	MRV BRAIN
CPT	**CT-BODY**
74177	ABD & PEL W
74178	ABD & PEL W+W/O
74176	ABD & PEL W/O
71271	CHEST (LOW DOSE)
71250	CHEST W/O
71260	CHEST W
74178	ENTEROGRAPHY
70460	HEAD W
70470	HEADW+W/O
70450	HEAD W/O
74160	LIVER PROTOCOL
70488	MAXILLOFACIAL W+W/O
70486	MAXILLOFACIAL W/O
70480	ORBITS W/O
72193	PELVIS W
72192	PELVIS W/O
74176	RENAL STONE PROTOCOL
70486	SINUS W/O
70491	SOFT TISSUE NECK W
70490	SOFT TISSUE NECK W/O
CPT	**CT-SPINE**
72125	CERVICAL W/O
72131	LUMBAR W/O
72128	THORACIC W/O
CPT	**CT-EXTREMITY**
73700	ANKLE R L
73200	ELBOW____ WRIST____ HAND _____ R L
73700	FOOT R L
73700	HIP R L
73700	KNEE R L
73200	SHOULDER R L

METAL IN BODY? YES NO

CPT	CTA
74174	ABDOMEN/PELVIS
71275	CHEST
74174	CHEST/ABDOMEN/PELVIS
75635	CHEST/ABD/PEL W/RUNOFF
70496	HEAD
70498	NECK
CPT	**ULTRASOUND**
76700	ABDOMEN
93978	ABDOMINAL MIDDLE DOPPLER
93931	ARTERIAL UPPER R L
76641	BREAST R L
93880	CAROTID DOPPLER
76604	CHEST
76705	GB/LIVER
76883	LOWER EXTREMITY (NON-VASCULAR)
76801	OB<14 WKS
76856	PELVIC W/TRANSABDOMINAL
76830	PELVIC W/TRANSVAGINAL
76770	RENAL
76870	SCROTUM/TESTICULAR
76536	SOFT TISSUE
76536	THYROID
76882	UPPER EXTREMITY (NON-VASCULAR)
93971	VENOUS UPPER R L VENOUS LOWER R L
CPT	**ECHOCARDIOGRAM**
93306	2D Echo
93306 93015	2D ECHO WITH STRESS

ALLERGIC TO IDOINE? YES NO

CPT	X-RAY
74021	ABDOMEN COMPLETE
73610	ANKLE 3V R L
71046	CHEST ZV
73000	CLAVICLE
73080	ELBOW 3V R L
73140	FINGERS 3V R L
73630	FOOT 3V R L
73130	HAND 3V R L
73502	HIP 2V/UNILATERAL) R L
73522	HIPS (BILATERAL)
73060	HUMERUS (UPPER ARM)
73562	KNEE 3V R L
74018	KUB (ABDOMEN IV)
70200	ORBITZ
72170	PELVIS
71110	RIBS BILATERAL) W CHEST IV
71100	RIBS (UNILATERAL) R L
72082	SCOLIOSIS SURVEY
73030	SHOULDER 3V R L
72202	SI JOINTS 3V
70220	SINUSES
70260	SKULL4V
73660	TOESMIN 2V R L
73110	WRIST 3V R L
CPT	**X-RAY SPINE**
72040	CERVICAL SPINE 3 V
72050	CERVICAL SPINE SV
72052	CERVICAL SPINE WITH FLEX/EXT)
72100	LUMBAR SPINE 3V
72110	LUMBAR SPINESV
72114	LUMBAR SPINE (WITH FLEX/EXT)
72220	SACRUM/COCCYX MIN 2 V
72070	THORACIC SPINE 3V

ACCREDITED FACILITY
IAC INTERSOCIETAL ACCREDITATION COMMISSION
MRI

SPECIAL INSTRUCTIONS