



# MRI Lincoln Imaging Center

The Diagnostic Edge

4941 N. Kedzie Ave • Chicago, IL 60625  
Phone: (773) 362-5011 • Fax (773)-942-7166

4849 W. Fullerton Ave • Chicago, IL 60639  
Phone: (773) 622-1200 • Fax (773)-622-1211

Patient Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Authorization# RQI# \_\_\_\_\_

DIAGNOSIS: \_\_\_\_\_

ICD 10 DETAILS:  RIGHT  LEFT  UPPER  LOWER / PAIN LEVEL (0=NONE TO 10=SEVERE) / EPISODE:  ACUTE  CHRONIC

CLINICAL / RELATED HISTORY: \_\_\_\_\_ / HYPERTENSION:  PRIMARY  OTHER  
DIABETES:  TYPE 1  TYPE 2

## BONE DENSITOMETRY

Bone Density/QCT 77078

## CT

<input type="checkbox"/> CT Abd & Pelvis W/ Contrast 74177	<input type="checkbox"/> CT Max/Facial W/ Contrast 70487	<input type="checkbox"/> CT Max/Facial W/O Contrast 70486	<input type="checkbox"/> CT Sinus Complete W/O Contrast 70486
<input type="checkbox"/> CT Abd & Pelvis W/O Contrast 74178	<input type="checkbox"/> CT Extremity Lower W/ Contrast 73701	<input type="checkbox"/> CT Neck W/ Contrast 70491	<input type="checkbox"/> CT Stone Protocol W/O Contrast 74176
<input type="checkbox"/> CT Abd & Pelvis W/O Contrast 74176	<input type="checkbox"/> CT Extremity Lower W/O Contrast 73700	<input type="checkbox"/> CT Neck W/O Contrast 70490	<input type="checkbox"/> CT Spine Cervical W/ Contrast 72126
<input type="checkbox"/> CT Abd W/ Contrast 74160	<input type="checkbox"/> CT Extremity Upper W/ Contrast 73201	<input type="checkbox"/> CT Orbit/ IAC W/ Contrast 70481	<input type="checkbox"/> CT Spine Cervical W/O Contrast 72125
<input type="checkbox"/> CT Abd W/O Contrast 74150	<input type="checkbox"/> CT Extremity Upper W/O Contrast 73200	<input type="checkbox"/> CT Orbit/ IAC W/O Contrast 70480	<input type="checkbox"/> CT Spine Lumbar W/ Contrast 72132
<input type="checkbox"/> CT Abd W W/O Contrast 74170	<input type="checkbox"/> CT Head W/ Contrast 70460	<input type="checkbox"/> CT Orbit/ IAC W W/O Contrast 70482	<input type="checkbox"/> CT Spine Lumbar W/O Contrast 72131
<input type="checkbox"/> CT Chest W/ Contrast 71260	<input type="checkbox"/> CT Head W/O Contrast 70450	<input type="checkbox"/> CT Pelvis W/ Contrast 72193	<input type="checkbox"/> CT Spine Thoracic W/ Contrast 72129
<input type="checkbox"/> CT Chest W/O Contrast 71250	<input type="checkbox"/> CT Head W W/O Contrast 70470	<input type="checkbox"/> CT Pelvis W/O Contrast 72192	<input type="checkbox"/> CT Spine Thoracic W/O Contrast 72128
<input type="checkbox"/> CT Chest W W/O Contrast 71270	<input type="checkbox"/>	<input type="checkbox"/> CT Pelvis W W/O Contrast 72194	<input type="checkbox"/>

## CTA

<input type="checkbox"/> CTA Angiogram Abdomen W W/O Contrast 74175	<input type="checkbox"/>	<input type="checkbox"/> CTA Angiogram Head W W/O Contrast 70496	<input type="checkbox"/> CTA Angiogram Neck W W/O Contrast 70498
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## MRA

<input type="checkbox"/> MRA Abdomen W W/O Contrast 74185	<input type="checkbox"/> MRA Head W/ Contrast 70545	<input type="checkbox"/> MRA Head W W/O Contrast 70546	<input type="checkbox"/> MRA Neck W W/O Contrast 70549
<input type="checkbox"/>	<input type="checkbox"/> MRA Head W/O Contrast 70544	<input type="checkbox"/> MRA Neck W/O Contrast 70547	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## MRI

<input type="checkbox"/> MRI Abdomen W/O Contrast 74181	<input type="checkbox"/> MRI Extremity Lower W W/O Contrast 73720	<input type="checkbox"/> MRI Extremity Upper Joint W/O Contrast - Shoulder, Elbow, Wrist 73221	<input type="checkbox"/> MRI Pelvis Attn: Prostate W W/O 72197, 76377
<input type="checkbox"/> MRI Abdomen W W/O Contrast 74183	Tib/Fib, Mid/Foreft, Femur, Foreft/Toes		
<input type="checkbox"/> MRI Brain W/O Contrast 70551	<input type="checkbox"/> MRI Extremity Lower Joint W/O Contrast - Knee, Ankle, Mid/Hindfoot, Hip 73721	<input type="checkbox"/> MRI Extremity Upper Joint W W/O Contrast - Shoulder, Elbow, Wrist 73223	<input type="checkbox"/> MRI Spine Cervical W/O Contrast 72141
<input type="checkbox"/> MRI Brain W W/O Contrast 70553			<input type="checkbox"/> MRI Spine Cervical W W/O Contrast 72156
<input type="checkbox"/> MRI Extremity Lower W/O Contrast 73718	<input type="checkbox"/> MRI Extremity Lower Joint W W/O Contrast - Knee, Ankle, Mid/Hindfoot, Hip 73723	<input type="checkbox"/>	<input type="checkbox"/> MRI Spine Lumbar W/O Contrast 72148
			<input type="checkbox"/> MRI Spine Lumbar W W/O Contrast 72158
<input type="checkbox"/>	<input type="checkbox"/> MRI Extremity Upper W/O Contrast 73218	<input type="checkbox"/> MRI Orbit, Face, Neck W/O Contrast 70540	<input type="checkbox"/> MRI Spine Thoracic W/O Contrast 72146
<input type="checkbox"/>	Brachial Plexus, Scapula, Humerus, Forearm, Hand	<input type="checkbox"/> MRI Orbit, Face, Neck W W/O Contrast 70543	<input type="checkbox"/> MRI Spine Thoracic W W/O Contrast 72157
<input type="checkbox"/>	<input type="checkbox"/> MRI Extremity Upper W W/O Contrast 73220	<input type="checkbox"/> MRI Pelvis W/O Contrast 72195	<input type="checkbox"/> MRI TMJ W/O Contrast 70336
	Brachial Plexus, Scapula, Humerus, Forearm, Hand	<input type="checkbox"/> MRI Pelvis W W/O Contrast 72197	

## RADIOLOGY

<input type="checkbox"/> Abdomen 1 view 74018	<input type="checkbox"/> Ankle 3 views 73610	<input type="checkbox"/> Facial Bones Complete 70150	<input type="checkbox"/> Other
<input type="checkbox"/> Abdomen 2 view 74019	<input type="checkbox"/> Bone Age Studies 77072	<input type="checkbox"/> Eyes, Foreign Body 70030	
<input type="checkbox"/> Femur 2 view 73552	<input type="checkbox"/> Chest Single views 71045	<input type="checkbox"/> Clavicle 73000	
<input type="checkbox"/> AC Joints 73050	<input type="checkbox"/> Chest 2 views 71046	<input type="checkbox"/> Elbow 3 views 73080	

Requested by Dr.: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_



**24 hour cancellation required  
by patient or fee will be applied**

**\*Please Read Special Indications on the back side**

Appointment Date: \_\_\_\_\_

Time: \_\_\_\_\_

Give CD to Patient YES  NO

Deliver CD to the Doctor's Office YES  NO

Radiology M.D. Reading  D.P.M. Reading

Radiology D.C. Reading  Neuro Reading





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Patient First Name: \_\_\_\_\_ Patient Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SEX:  MALE  FEMALE DATE OF SERVICE: \_\_\_\_\_

PT. Address: \_\_\_\_\_

ICD 10 DETAILS:  RIGHT  LEFT  UPPER  LOWER / PAIN LEVEL (0=NONE TO 10=SEVERE) / EPISODE:  ACUTE  CHRONIC

PT. Home Phone: \_\_\_\_\_ PT. Work Phone: \_\_\_\_\_

Insurance: \_\_\_\_\_ Member #: \_\_\_\_\_ AUTH/REFERAL#: \_\_\_\_\_

### HEAD & NECK

93880 Carotid Duplex  
 93886 Transcranial Doppler Study  
 93931 Bilat Subclavian Arterial Study

93880 Carotid Duplex W/  
 93886 Transcranial Doppler Study

93880 Carotid Duplex  
 93931 Bilat Subclavian Arterial Study

93880 Carotid Duplex

93880 Transcranial Doppler Study

### ECHO / AORTA

93978/76775 Aorta Duplex

### ABDOMEN-RETROPERITONEAL-RENAL

76700 Abdomen U/S w/  
 76770 Retroperitoneal/Renal U/S &  
 93975 Duplex

76700 Abdominal U/S  
 93975 Duplex

76770 Retroperitoneal/Renal U/S w/  
 93975 Duplex

76700 Abdomen U/S w/  
 76770 Retroperitoneal/Renal U/S

76700 Abdominal U/S

76770 Retroperitoneal/Renal U/S

### PELVIC - FEMALE

76830 Pelvic U/S, Female(TVA) &  
 76856 Pelvic U/S, Female(TAA)  
 93975 Duplex

76830 Pelvic U/S, Female(TVA) &  
 93975 Duplex

76856 Pelvic U/S, Female(TAA)  
 93975 w/Duplex

76830 Pelvic U/S, Female(TVA) &  
 76856 Pelvic U/S, Female(TAA)

76830 Pelvic U/S, Female(TVA) &

76856 Pelvic U/S, Female(TAA)

### PELVIC/SCROTAL - MALE

76856 Pelvic U/S, Male w/  
 93975 Duplex (Bladder, Prostrate,  
Seminal Vesicles)

76870 Scrotal U/S  
 93975 Duplex

76856 Pelvic U/S, Male (Bladder,  
Prostate, Seminal Vesicles)

### RENAL ARTERY

93975 Renal Artery Duplex

### EXTREMITIES - ARTERIAL

93925 Lower Extremity Arterial Duplex  
 93923 w/ Non-Invasive Physiologic  
 93931 Studies Bilateral

93930 Upper Extremity Arterial Duplex  
 93923 w/ Non-Invasive Physiologic  
Studies Bilateral

93925 Lower Extremity Arterial Duplex  
 Bilateral  Lt  Rt

93925 Lower Extremity Arterial Duplex  
 Bilateral  Lt  Rt

93930 Upper Extremity Arterial Duplex  
 Bilateral  Lt  Rt

93923 Non-Invasive Physiologic Studies  
 Lower  Upper  
 Bilateral  Lt

### EXTREMITIES - VENOUS

93970 Venous Duplex Lower Extremity  
Bilateral

93970 Venous Duplex Extremity  
 Lower  Upper  
 Lt  Rt

### EXTREMITIES - MUSCULOSKELETAL

76881 Extremery, Non-Vascular  
 Knee  Ankle  
 Bilateral  Lt  Rt

Anterior  Posterior  
 Medial  Lateral

Foot  
 Bilateral  Lt  Rt

Hindfoot  Forefoot

OTHER \_\_\_\_\_ PLEASE FAX TO: 877-888-7955

## ULTRASOUND PREP INSTRUCTIONS:

### ABDOMINAURETROPERITONEAU/AORTA/RENAL ARTERY EXAMS:

- Do not eat or drink 8 hours before the exam
- One hour before your exam, drink 32 ounces of water
- Do not empty your bladder before exam
- Take medications with a small sip of water
- If you are diabetic, please consult your physician

### PELVIC ULTRASOUND (MALE OR FEMALE):

- Eat normally
- One hour before your exam, drink 32 ounces of water
- Do not empty your bladder before exam