

TOWNSEN MEMORIAL HOSPITAL

IMAGING

www.townsenmemorial.com

STAT Doctor's Cell # _____
 ROUTINE

Scheduling Direct Line: 281-972-0200
 Fax all orders to: 281-801-4094
 or email to: intake.imaging@townsenhospital.com

Patient Name	DOB	Date
Primary Phone	Secondary Phone	SS #
Address	ICD10 Code(s) for diagnostic symptoms must be provided	

INSURANCE / WORKERS COMP. INFORMATION	
Carrier / Adjuster	Policy / Claim #
Group #	Claims Address
Name of Insured	
Insurance Phone #	IPA / Authorization

PHYSICIAN INFORMATION (Please Print)	
Name	
Phone	Fax
NPI	
Dr. Signature	

Claustrophobic? Yes No **Metal In Body?** Yes No **Allergic to Iodine?** Yes No **Height** _____ **Weight** _____

STAT CALL _____

Deliver CD to Office

Send CD w/Patient

* Labs Needed For IV Contrast IF:	
<input type="checkbox"/> Age 60 & Up	<input type="checkbox"/> Diabetic <input type="checkbox"/> Renal DX
Creatinine: _____	
<input type="checkbox"/> Draw Labs If Needed	
MRI	
CPT Codes	Description
BODY - MRI	
74181	Abdomen
74183	Abdomen W & W/O contrast
72195	Pelvic
72197	Pelvic W & W/O contrast
74185	Cholangiogram (MRCP)
74181	Liver
70543	Auditory Canal (IAC)
70553	Auditory Canal (IAC) W & W/O contrast
70551	Brain
70553	Brain W & W/O contrast
70551/70540	Brain and Orbits
70543/70553	Brain and Orbits W & W/O contrast
70553	Pituitary W & W/O contrast
70543	Parotid W & W/O contrast
70540	Sinus
70543	Facial W or W/O contrast
EXTREMITY - MRI	
73221	Shoulder RT or LT
73218	Upper Arm (Humerus) RT or LT
73221	Elbow RT or LT
73218	Forearm RT or LT
73221	Wrist RT or LT
73218	Hand RT or LT
73221	Hip RT or LT
73218	Thigh (Femur) RT or LT
73218	Tib-Fib (Leg) RT or LT
73721	Knee RT or LT
73721	Ankle RT or LT
73718	foot RT or LT
73718	Toe RT or LT
	W/contrast W/O contrast W & W/O contrast
SPINE - MRI	
72141	Cervical Spine
72142	Cervical Spine W/ Contrast
72156	Cervical Spine W & W/O contrast
72148	Lumbar Spine
72149	Lumbar Spine W/ Contrast
72158	Lumbar Spine W & W/O contrast
72146	Thoracic Spine
72147	Thoracic Spine W/ Contrast
72157	Thoracic Spine W & W/O contrast
72148	Sacrum - Coccyx
MRA	
70544	Head
70547	Neck
74185	Abdominal Aorta
70544	MRV Brain
70544	Intra / Extra Canal

EMG / NCV	
	choose: Right Left Bilateral Upper Lower Both
MAMMOGRAPHY	
77067	Mammogram (Screening)
77066	Mammogram (Diagnostic) - Bilateral
77065	Mammogram (Diagnostic) - Unilateral
	Choose: Left Right
	Spot Compression: Left Right
77063	3D Screening Mammogram (Asymptomatic only)
G0279	3D Diag Mammogram to include US if needed
	Include Bone Density (DEXA)
CTA	
70496	CTA Brain (COW)
70498	CTA Neck (Carotids)
71275	CTA Chest
75635	CTA Abdomen Aorta w/ Runoffs
74174	CTA Abdomen / Pelvis
73706	CTA Lower Extremities
CT	
CPT Codes	Description
74150	Abdomen
74170	Abdomen W & W/O contrast
72192	Pelvis
72193	Pelvis W/ contrast
72194	Pelvis W & W/O contrast
74176	Abdomen / Pelvis
74177	Abdomen / Pelvis W/ contrast
74178	Abdomen/Pelvis W & W/O contrast Urogram
74176	Renal Stone Protocol
71250	Chest (High Resolution)
71250	Chest W/O contrast
71270	Chest W & W/O contrast
70450	Brain
70470	Brain W & W/O contrast
72125	Cervical
72127	Cervical W & W/O contrast
72131	Lumbar
72133	Lumbar W & W/O contrast
72128	Thoracic
72130	Thoracic W & W/O contrast
70491	Soft Tissue Neck W/ contrast
70492	Soft Tissue Neck W & W/O contrast
70480	Temporal Bones
70486	Facial Bones
70480	TMJ
70480	Orbits
70486	Sinus mm cuts
	Axial Coronal Both
70486/76376	Landmark Protocol
70486/77011	Instatrak Protocol
	LDCT Low dose CT Scan for lung cancer screening
	All CTA:
	Other:

EXTREMITY - CT	
73200	Elbow Wrist Hand
73700	Foot RT or LT
73700	Knee RT or LT
73200	Shoulder RT or LT
73700	Ankle RT or LT
73700	Hip RT or LT
	W/contrast W/O contrast W & W/O contrast
BONE DENSITOMETRY	
77080	DEXA Scan (Dual Energy Xray)
GENERAL ULTRASOUND	
93306	2D ECHO
76700	Abdomen
76856	Pelvis
76830	Transvaginal
76805	OB
76705	Gallbladder
76770/51798	Renal
76536	Thyroid
76641	Breast Left Right
76705	Liver
78670	Scrotum / Testicular
76536	Soft Tissue
	3D / 4D OB
OUTPATIENT SERVICES	
	Myelogram
	Cervical
	Thoracic
	Lumbar
	Discogram: Level:
	Cervical
	Thoracic
	Lumbar
	Arthrogram: Shoulder Wrist Knee
	choose: Right Left Both
	Notes:
	Patient needs Transportation
	Anesthesia
	Mac
	Local
DR. SIGNATURE REQUIRED	

X-RAYS / OTHER PROCEDURES / SPECIAL INSTRUCTIONS

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LOCATIONS	MRI 1.5 450 Wide Bore	MRI 1.5	Open MRI	CT	3D Mammo	Dexa	X-Ray	Ultrasound	EMG	Echo
Townsen Memorial Imaging - Hospital 1475 FM 1960 Humble, TX 77338 Phone: 346-476-1800 • Fax 281-801-4094	✓			✓	✓	✓	✓	✓	✓	✓
Townsen Memorial Imaging - Spring 3301 Spring Stuebner, Suite 120 Spring, TX 77389 Phone: 281-407-5760 • Fax 281-801-4094		✓	✓	✓			✓	✓	✓	✓
Townsen Memorial Imaging - Med Center 3003 South Loop West, Suite 140 Houston, TX 77054 Phone: 346-250-1010 • Fax 281-801-4094		✓	✓	✓			✓	✓	✓	✓
Townsen Memorial Imaging - Southwest 10008 Bellaire Blvd., Suite 105 Houston, TX 77072 Phone: 346-250-5080 • Fax 281-801-4094		✓	✓	✓	✓		✓	✓	✓	✓
Townsen Memorial Imaging - Katy 20823 Park Row Dr. Katy, TX 77449 Phone: 832-819-0000 • Fax 281-801-4094	✓			✓			✓	✓	✓	✓

IMPORTANT INFORMATION

GENERAL INFORMATION

- Bring this form with you to your appointment.
- If possible, bring previously related studies such as x-rays, CT scans, and mammogram films.
- Notify your doctor and the technologist if you are pregnant or think you might be, or if you are breastfeeding.
- Notify us 24 hours in advance, if possible, if you are unable to keep your appointment.
- Report approximately 15 minutes prior to your appointment time.
- Bring insurance card and picture ID.

MRI - YOU CANNOT HAVE A MRI SCAN IF YOU HAVE:

- A pacemaker.
- Aneurysm clips in the brain.
- Ear implants.
- Implanted spinal cord stimulator.
- Metallic fragments in one or both eyes.
- Please let your MRI technologist know if you have any other metal objects in your body.

ULTRASOUND

Pelvic / OB

- Drink 32 ounces of any liquid one hour prior to your appointment time.
- Do not empty your bladder until your exam is completed.

Abdominal and Pelvic

- Do not eat or drink anything after midnight.
- After the abdominal portion is completed, you will be asked to fill your bladder for the pelvic portion.

