



San Diego
8707 Complex Drive
San Diego, CA 92123
PH: 619-334-3787 Fax: 858.266.9481

Ordering Physician: _____

Phone: _____

Fax: _____

E-mail: _____

x _____

Physician Signature [required for Medicare/Insurance Beneficiaries]

Date of Request: _____

Advanced Low Dose CT Order Requisition Form

Patient: _____ Phone: _____

Birth Date: _____ Age: _____ ☐ Male ☐ Female Insurance: _____ Auth: _____

Blood Pressure: _____ Pulse: _____ Weight: _____

CABG # of Vessels: _____ Stent # of Vessels: _____ Creatinine: _____ Date: _____

Chief Complaint: _____ **Diagnosis to be ruled out:** _____

Dx Codes:

☐ R07.9 Chest Pain

☐ R06.02 Shortness of Breath

☐ I25.10 Atherosclerotic Heart Disease

☐ E78.5 Hyperlipidemia

☐ R94.31 Abnormal EKG

☐ R94.39 Abnormal Result From Functional Test

☐ R00.0 Tachycardia

☐ I42.9 Cardiomyopathy

☐ I73.9 Peripheral Vascular Disease

☐ _____

☐ _____

☐ _____

Cardiac:

☐ 75574 Coronary CTA (order set)

75571 Coronary Artery Calcium Score

0623T Plaque Quantification

75580 FFRct

☐ CTA TAVR (order set)

75574 Cardiac CTA

71275, 74174 CTA Chest/Abd/Pel

75571 Aortic Valve Calcium Score

☐ 75572 CTA Pulm Vein Eval

☐ 75572 CTA Aortic Valve (retro)

☐ 75572 CTA for Mitral Valve (retro)

☐ 75572 CTA for LAA (no coronaries)

☐ 75572 CTA for LAAO (no coronaries)

☐ 75574 CTA for Wall Motion (retro w/coronaries)

☐ 75573 Congenital Heart Disease

Chest:

☐ 71271 CT Low Dose Lung CA Screening

☐ 71250 Chest w/o contrast

☐ 71260 Chest w/ contrast

☐ 71270 Chest w/ & w/o contrast

☐ 71275 CTA Chest

☐ 71275, 74174 CTA Chest/Abd/Pel

Abdomen/Pelvis:

☐ 74176 Abd/Pel w/o contrast

☐ 74177 Abd/Pel w/ contrast

☐ 74178 Abd/Pel w/ & w/o contrast

☐ 74174 CTA Abd/Pel (symphysis)

☐ 74175 Renal CTA

☐ 75635 CTA Abd/Pelvis w/Runoff (toes)

Abdomen:

☐ 74150 Abd w/o contrast

☐ 74160 Abd w/ contrast

☐ 74170 Abd w/ & w/o contrast

Pelvis:

☐ 72192 Pel w/o contrast

☐ 72193 Pel w/ contrast

☐ 72194 Pel w/ & w/o contrast

Head/Neck

☐ 70450 Head w/o contrast

☐ 70460 Head w/ contrast

☐ 70470 Head w & w/o contrast

☐ 70496 Head CTA (apex-EAM)

☐ 70498 Carotid CTA (EAM-top of arch)

☐ 70496, 70498 CTA Head/Neck (apex-top of arch)

Extremity: ☐ RIGHT or ☐ LEFT

☐ 73200 CT Upper Extremity w/o contrast

☐ 73201 CT Upper Extremity w/ contrast

☐ 73206 CTA Upper Extremity

☐ 73700 CT Lower Extremity w/o contrast

☐ 73701 CT Lower Extremity w/ contrast

☐ 73706 CTA Lower Extremity (pelvis-toes)

☐ CT Bone Density

Eligibility includes:

Your patient is having a CCTA *and*

1. Women over the age of 50

2. Men over the age of 70

Other:

☐ _____



General Instructions for ALL CT imaging

- **GET YOUR LABS DONE IMMEDIATELY AT:** _____ (for contrast studies only)
- Arrive 15 minutes prior to your appointment. Expect to be here at least one hour for your appointment.
- Hydrate 2 days prior to your appointment.
- Please eat a small meal prior to your appointment.
- Wear comfortable clothes. Avoid jewelry and clothing with metal buttons, grommets, or decorations.
- Take **ALL** your medications **EXCEPT**: Metformin or Metformin containing products.

For Cardiac (heart scans) ONLY:

- No caffeine 12 hours prior to appointment. This includes coffee, tea, soda, chocolate, or decaffeinated beverages.
- No exercise for a minimum of 4 hours before your appointment time.
- **DO NOT TAKE** Viagra, Cialis, Tadalafil, or Adcirca **48 hours prior** to your scheduled appointment.

ImageONE – Kearny Mesa

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