RADIOLOGY ASSOCIATES of Tallahassee, P.A.

CDS/AUC: G-Code: _____ Modifier: _____

RADIOLOGY ASSOCIATES OF TALLAHASSEE, P.A.

1600 Phillips Road, Tallahassee, FL
CT Scheduling: (850) 878-4127 • CT Fax: (850) 878-9729

CT ORDER

Patient Name _____ Date of Birth _____

Appointment Date & Time _____ Auth # _____

Referring Facility _____ Contact & Direct Line _____

☐ 3D reformat images at Radiologist discretion

☐ Perform blood creatinine (Contrast Patients Only) per RAOT protocol if no labs done within 6 weeks* of scheduled study if patient has HTN, diabetes, single kidney, renal cancer, lupus, liver disease, or is 60 years or older, and Renal TX.

**If patient has had blood creatinine labs within 6 weeks, please fax results to RAOT.*

☐ **CT Contrast Allergy**
Referrer to Prescribe Premedication
Prior Reaction: _____

Pertinent History / Clinical Indication _____

Clinical Indication and ICD-10 _____

☐ **Contrast at Radiologist discretion**

	w/o	with
CT Brain	☐	☐
CT Orbits/Sella/IAC	☐	☐
CT Maxillofacial	☐	☐
CT Soft Tissue Neck	☐	☐
CT Cervical Spine	☐	☐
CT Thoracic Spine	☐	☐
CT Lumbar Spine	☐	☐
CT Chest	☐	☐
CT Pelvis	☐	☐
CT Upper Extremity	☐	☐
CT Lower Extremity	☐	☐
CT Abdomen	☐	☐
CT Abdomen/Pelvis	☐	☐
CT Urogram	☐	

	w/o
CT Low Dose, Lung Cancer	☐

CT Angiography	w/o	with
CTA Neck		☐
CTA Upper Extremity		☐
CTA Lower Extremity		☐
CTA Chest		
☐ Angio Chest (aorta)	☐	☐
☐ CT PE		☐ : ☐ Legs ☐ No Legs
☐ Shortness of Breath ☐ Known PE		
☐ Chest Pain on Breathing ☐ LT Arm Pain ☐ RT Arm Pain		
☐ Pulmonary Embolism _____		
CTA Abdomen	☐	☐
CTA Pelvis	☐	☐
CTA Abdomen/Pelvis	☐	☐
CTA ABD Aorta w/Femoral Runoff		☐

IMPORTANT: MUST BRING THIS FORM WITH YOU TO YOUR APPOINTMENT.
– Please do not bring children to be left unattended –

Physician's Signature **Printed Physician Name** **Date**

PLEASE SEND ORDER TO RADIOLOGY ASSOCIATES AND GIVE PATIENT A COPY