SUTTER BUTTES IMAGING
MEDICAL GROUP, INC.

REQUEST FOR DIAGNOSTIC IMAGING STUDY

PLEASE PRINT LEGIBLY 945 Shasta Street, Suite 100 ■ Yuba City

**** REQUIRED FIELDS*** To Schedule an Appointment (530) 674-9000

***PATIENT NAME**: _____ ***DOB**: _____ TODAY'S DATE: _____

***REFERRING DR**: _____ PHONE: _____ COPY TO: _____

CHECK ☐ FOR STAT PHONE REPORT

***CHIEF COMPLAINT**: _____ ***HISTORY**: _____

***SIGNS/SYMPTOMS**_____ **CLINICAL FINDINGS**: _____

XRAY HEAD	CPT	
Nasal bone 3V	70160	
Neck for soft tissue	70360	
Sinuses	70220	
Sinuses <3V	70210	
Skull series	70260	
XRAY CHEST		
Chest 1 view	71045	
Chest 2 vw	71046	
Ribs ☐L ☐R (+1v chest)	71101	
Ribs Bilateral (+1v chest)	71111	
XRAY SPINE		
Cervical w/obliques	72050	
Cervical <4 views	72040	
Thoracic	72072	
Lumbar w/obliques	72110	
Lumbar <4 views	72100	
SI joints	72200	
Scoliosis study	72082	
Sacrum/coccyx	72220	
XRAY PELVIS/HIPS		
Pelvis		
Hip/pelvis ☐L ☐R ☐Bilateral		
XRAY ABDOMEN		
Abdomen 2V & chest	74022	
KUB		

UPPER EXTREMITY ☐L ☐R

☐Finger ☐Hand ☐Wrist
☐Humerus ☐Forearm
☐Elbow ☐Shoulder ☐Clavicle

LOWER EXTREMITY ☐L ☐R

☐Femur ☐Knee ☐Tib-fib
☐Foot ☐Ankle ☐Toes

ULTRASOUND	CPT	
Renal **(4 hrs NPO)**	76770	
Abdomen **(8 hrs NPO)**	76700	
Gallbladder **(12 hrs NPO)**		
Pelvic/transvaginal	76856/76830	
Thyroid	76536	
Doppler **ARTERIAL** bilat	93925/93922	
Doppler **VENOUS** ☐L ☐R ☐Bilat		
Doppler **CAROTID**	93880	
Scrotal	76870	
Extremity NON-Vascular body part _____	76882	
Groin/inguinal	76881	
Soft Tissue Neck	76536	
Other: _____		

CT SCAN ☐W ☐WO

Head		
Soft tissue neck		
Chest/Thorax		
Abdomen/Pelvis		
Renal		
Urogram (Abd/pelv **WO**) *(indicated for stones/pain)*		
Urogram (Abd/pelv **WWO**) *(indicated for painless hematuria)*		
Multiphase: ☐ Kidney/pelvis (Abd/pelv WWO) ☐Liver ☐Adrenal ☐Pancreas (Abd WWO)		
Spine: ☐Cervical ☐Thoracic ☐Lumbar		
Extremity ☐L ☐R Specify: _____		
Sinus (maxillofacial) WO	70486	
CTA ☐Head ☐Renal ☐Carotid		
CTA Aortic w/runoff		
Other CT: _____		

MRI	CPT	
Brain WO	70551	
Brain W&WO	70553	
Brain/Orbits	70553/70543	
Brain/Pituitary	70553	
Brain/IACS	70553	
Cervical spine WO	72141	
Soft Tissue Neck, Face, Orbits	70543	
Lumbar spine WO	72148	
Lumbar spine WWO (*indicated only if hx of lumbar surgery*)	72158	
Thoracic spine WO	72146	
Thoracic spine W&WO	72157	
Extremity joint ☐L ☐R Body Part: _____		
MRI Arthrogram ☐L ☐R body part: _____		
TMJ		
Abdomen W&WO	74183	
Pelvis WO	72195	
Pelvis W&WO	72197	
MRI Angiogram		
For MRI xray orbits to r/o foreign body in eyes if indicated by hx	70030	✓

SPECIAL PROCEDURES

Arthrogram ☐L ☐R body part: _____	
Kenalog shoulder ☐L ☐R	
Vertebroplasty **CONSULTATION** 99202 L spine T spine Level: _____	☐
Vertebroplasty **PERCUTANEOUS** (performed at Rideout Memorial Hosp) L spine T spine Level: _____	☐

NOTES:

EXAM PREPARATION

For all exams, please advise scheduler if patient has mobility limitations or if there may be any reason to allot extra time for the exam.

♦ Please check with your insurance carrier to determine whether a pre-authorization or utilization review is required for your examination/procedure. ♦

☐ MRI

ANY CONTRAST EXAM

- BUN/Creatinine required: age 60+ **OR** diabetic **OR** renal insufficiency

ALL EXAMS

- No metal jewelry, no zippers/metal on clothing

☐ ULTRASOUND

PELVIC EXAM/OB EXAM

- Consume 32 oz of water beginning 90 minutes prior to exam time. **Do not release the bladder.**

ABDOMEN EXAM

- **NO** food or liquid 8 hours prior to exam time

RENAL

- **NO** food 4 hours prior to exam time. **NO** liquid 4 hours prior to exam, *except* consume 24 oz of water beginning 90 minutes prior to exam time. **Do not release the bladder.**

☐ CT

ANY CONTRAST EXAM

- **NO** solid food or dairy products 4 hours prior to exam time
- BUN/Creatinine required: age 65+ **OR** diabetic **OR** renal insufficiency

ABDOMEN AND/OR PELVIC EXAM

- **NO** solid food or dairy products 4 hours prior to exam time
- Consume 32 oz of water beginning 45 minutes prior to exam time

SINUS EXAM

- **NO** sinus sprays 48 hours prior to exam time

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General Scheduling: (530) 674-9000

Dedicated coordinators are available to answer your questions:

CT **(530) 645-5337**, fax (530) 645-5370
MRI **(530) 645-5322**, fax (530) 645-5362
Ultrasound **(530) 645-5341**, fax (530) 645-5369
Medical Records **(530) 645-5328**, fax (530) 645-5375