

HOLLYWOOD DIAGNOSTICS CENTER
4224 Hollywood Blvd
Hollywood, FL 33021
954-966-3600 Fax# 954-967-1962

Please complete the form, have the physician sign the prescription and fax back to 954-967-1962.

Last Name _____ First Name _____		Appointment Date: _____ Time: _____	
Street Address _____ City _____ State _____ Zip Code _____		Home Phone _____ Cell _____	
Social Security _____ DOB _____ Sex: Male _____ Female _____		Attorney Information: Name _____	
Type Of Insurance: W/C PIP Group Medicare HMO PPO		Address _____	
Name Of Insured _____ Diagnosis _____ Auth# _____		City _____ State _____ Zip _____	
Name Of Insurance Company _____ Phone# _____		Phone _____ Fax _____	
Address _____ City _____ State _____ Zip Code _____		Date Of Accident: _____	
Policy # _____ Claim# _____ Group# _____		Auto _____ Other _____	

<p>CPT</p> <p>74150 _____ ABDOMEN W/O</p> <p>74160 _____ ABDOMEN W/C</p> <p>74170 _____ ABDOMEN W/WO</p> <p>70450 _____ BRAIN W/O</p> <p>70460 _____ BRAIN W/C</p> <p>70470 _____ BRAIN W/WO</p> <p>72125 _____ C-SPINE W/O</p> <p>72126 _____ C-SPINE W/C</p> <p>72127 _____ C-SPINE W/WO</p> <p>71250 _____ CHEST W/O</p> <p>71260 _____ CHEST W/C</p> <p>71270 _____ CHEST W/WO</p> <p>70480 _____ ORBIT/SELIA/FOSA (IAC) W/O</p> <p>70481 _____ ORBIT/SELIA/FOSA (IAC) W/C</p> <p>70482 _____ ORBIT/SELIA/FOSA (IAC) W/WO</p> <p>73700 _____ LOWER EXT W/O</p> <p>73701 _____ LOWER EXT W/C</p> <p>73702 _____ LOWER EXT W/WO</p> <p>72131 _____ L-SPINE W/O</p> <p>72132 _____ L-SPINE W/C</p> <p>72133 _____ L-SPINE W/WO</p> <p>70486 _____ MAXILLOFACIAL W/O</p> <p>70487 _____ MAXILLOFACIAL W/C</p> <p>70488 _____ MAXILLOFACIAL W/WO</p> <p>72192 _____ PELVIS W/O</p> <p>72193 _____ PELVIS W/C</p> <p>72194 _____ PELVIS W/WO</p> <p>70490 _____ SOFT TISS NECK W/O</p> <p>70491 _____ SOFT TISS NECK W/C</p> <p>70492 _____ SOFT TISS NECK W/WO</p> <p>72129 _____ T-SPINE W/O</p> <p>73200 _____ UPPER EXT W/O</p> <p>73201 _____ UPPER EXT W/C</p> <p>73202 _____ UPPER EXT W/WO</p>	<p>CT SCANS</p> <p>74181 _____ ABDOMEN W/O</p> <p>74182 _____ ABDOMEN W/C</p> <p>74183 _____ ABDOMEN W/WO</p> <p>70551 _____ BRAIN W/O</p> <p>70552 _____ BRAIN W/C</p> <p>70553 _____ BRAIN W/WO</p> <p>72141 _____ C-SPINE W/O</p> <p>72142 _____ C-SPINE W/C</p> <p>72156 _____ C-SPINE W/WO</p> <p>71550 _____ CHEST W/O</p> <p>71551 _____ CHEST W/C</p> <p>71552 _____ CHEST W/WO</p> <p>73721 _____ LOWER EXT (ANY JOINT) W/O</p> <p>73722 _____ LOWER EXT (ANY JOINT) W/C</p> <p>73723 _____ LOWER EXT (ANY JOINT) W/WO</p> <p>73718 _____ LOWER EXT (NON JOINT) W/O</p> <p>73719 _____ LOWER EXT (NON JOINT) W/C</p> <p>73720 _____ LOWER EXT (NON JOINT) W/WO</p> <p>72148 _____ L-SPINE W/O</p> <p>72149 _____ L-SPINE W/C</p> <p>72158 _____ L-SPINE W/WO</p> <p>70540 _____ ORBIT/FACE/NECK W/O</p> <p>70541 _____ ORBIT/FACE/NECK W/C</p> <p>70543 _____ ORBIT/FACE/NECK W/WO</p> <p>72195 _____ PELVIS W/O</p> <p>72196 _____ PELVIS W/C</p> <p>72197 _____ PELVIS W/WO</p> <p>72146 _____ T-SPINE W/O</p> <p>72147 _____ T-SPINE W/C</p> <p>72157 _____ T-SPINE W/WO</p> <p>70336 _____ TMJ W/O</p> <p>73221 _____ UPPER EXT (ANY JOINT) W/O</p> <p>73222 _____ UPPER EXT (ANY JOINT) W/C</p> <p>73223 _____ UPPER EXT (ANY JOINT) W/WO</p> <p>73218 _____ UPPER EXT (NON JOINT) W/O</p> <p>73219 _____ UPPER EXT (NON JOINT) W/C</p> <p>73220 _____ UPPER EXT (NON JOINT) W/WO</p> <p>S8037 _____ MRCP</p> <p>77059 _____ MRI BREAST W/WO (BILAT)</p> <p>77058 _____ MRI BREAST W/WO (UNILAT)</p>	<p>CPT</p> <p>70547 _____ MRA CAROTIDS NECK</p> <p>70548 _____ MRA CAROTIDS W/C</p> <p>70549 _____ MRA CAROTIDS W/ WO</p> <p>70544 _____ MRA CEREBRAL (HEAD)</p> <p>70545 _____ MRA CEREBRAL W/C</p> <p>70546 _____ MRA CEREBRAL W/ WO</p> <p>77080 _____ BONE DENSITY (DEXA) BONE DENSITY</p> <p>76705 _____ ULTRASOUND ABDOMEN 1 ORGAN</p> <p>76700 _____ ABDOMEN COMPLETE</p> <p>76857 _____ BLADDER</p> <p>76645 _____ BREAST (S)</p> <p>93880 _____ CAROTID</p> <p>93307 _____ ECHO 2D-MOD W/DOPPLER</p> <p>93320 _____ ECHO WAVE W/DOPPLER</p> <p>93325 _____ ECHO COLOR FLO</p> <p>76880 _____ EXTREMITY</p> <p>76805 _____ OB (COMPLETE 14 WEEKS)</p> <p>76801 _____ OB (LESS THAN 14 WEEKS)</p> <p>76856 _____ PELVIS (NON OB)</p> <p>76830 _____ TRANSVAGINAL</p> <p>76775 _____ RENAL/ KIDNEY (AORTA) - (LIMITED 1 ORGAN)</p> <p>76870 _____ TESTICULAR/SCROTAL</p> <p>76536 _____ THYROID/SOFT TISS NECK</p> <p>93970 _____ BIL VENOUS DOPPLER</p> <p>93971 _____ UNILAT VENOUS DOPPLER</p> <p>93925 _____ ART DOPPLER LOWER COMPLETE</p> <p>93926 _____ ART DOPPLER LOWER UNI/LTD</p> <p>93931 _____ ART DOPPLER UPPER/EXT UNILAT</p> <p>G0202 _____ MAMMO (DIGITAL) SCREENING MAMMO</p> <p>G0204 _____ BILAT DIAGNOSTIC</p> <p>G0206 _____ UNILAT DIAGNOSTIC</p>	
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PLEASE BRING YOUR INSURANCE CARDS, REFERRAL/AUTHORIZATION AND ANY PREVIOUS FILMS OF THE BODY AREA BEING SCANNED

<p>REFERRING PHYSICIANS INFORMATION:</p> <p>Doctor's Name: _____</p> <p>Doctor's Signature: _____</p> <p>Phone# _____ Fax# _____</p>	<p>LAB Values:</p> <p>Bun _____ Creatinine _____</p> <p>Date Drawn: _____</p> <p>Needed for CT studies using contrast if:</p> <p>___ 50 years or older</p> <p>or ___ All diabetic patients</p> <p>or ___ All patients with one kidney</p>	<p>LABS for MRI</p> <p>Creat _____ GFR _____</p> <p>Labs for IVP (50 or older)</p> <p>BUN _____ Creatinine _____</p> <p>***See Prep Instructions On Back ***</p>
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CPT X-Ray
 74000 _____ ABDOMEN (KUB)
 74010 _____ ABDOMINAL - 2 VIEW
 (UPRIGHT & SPINE)
 73610 _____ ANKLE - 3 VIEW R _____ L _____
 77072 _____ BONE AGE
 73650 _____ CALCANEUS (HEEL) R _____ L _____
 71020 _____ CHEST - 2 VIEW (AP & LAT)
 73000 _____ CLAVICLE R _____ L _____
 72050 _____ CERVICAL (COMPLETE)
 72052 _____ CERVICAL (COMPLETE W/FLEX & EXT)
 73080 _____ ELBOW - 4 VIEW (COMPLETE)
 R _____ L _____
 70030 _____ EYE, FOREIGN BODY DET.
 70150 _____ FACIAL BONES (COMPLETE)
 73550 _____ FEMUR R _____ L _____
 73140 _____ FINGER R _____ L _____

CPT X-Ray
 73630 _____ FOOT - 3 VIEW (COMPLETE)
 R _____ L _____
 73090 _____ FOREARM R _____ L _____
 73130 _____ HAND - 3 VIEW (COMPLETE)
 73520 _____ HIP - BILATERAL
 73500 _____ HIP - UNILATERAL R _____ L _____
 73060 _____ HUMERUS
 73562 _____ KNEE - 3 VIEW (COMPLETE)
 R _____ L _____
 72110 _____ LUMBAR SPINE (COMPLETE)
 70110 _____ MANDIBLE
 70160 _____ NASAL BONES
 70360 _____ NECK (SOFT TISSUE)
 70200 _____ ORBITS
 72170 _____ PELVIS - 1 VIEW
 71110 _____ RIBS - BILATERAL

CPT X-Ray
 71100 _____ RIBS UNILATERAL R _____ L _____
 72220 _____ SACRUM/COCCYX
 73010 _____ SCAPULA
 72090 _____ SCOLIOSIS SERIES
 70260 _____ SKULL (COMPLETE)
 73030 _____ SHOULDER R _____ L _____
 72200 _____ SACROLIAC JOINTS - 3 v MIN
 70220 _____ SINUSES (COMPLETE)
 71120 _____ STERNUM
 72070 _____ THORACIC SPINE - 2 VIEW (COMPLETE)
 73590 _____ TIBIA/FIBULA R _____ L _____
 70330 _____ TMJ - BILATERAL
 73660 _____ TOE _____ R _____ L _____
 73110 _____ WRIST - 3 VIEW (COMPLETE)
 R _____ L _____
 _____ OTHER _____

Patient Preparation for Examination(s)

CT Scans

For CT Scans with IV contrast, Bun/Creat, levels must be supplied for patients 50+, ALL DIABETIC PATIENTS AND PATIENTS WITH ONE KIDNEY. PLEASE INFORM US IF YOU ARE DIABETIC AND TAKE GLUCOPHAGE OR GLUCOVANCE.

For ALL CT Scans with IV Contrast, do NOT eat or drink 4 hours prior to exam.

Abdomen and Pelvis CT: Call Center for prep instructions.

Abdomen CT: Call Center for prep instructions

CT Urogram: Nothing by mouth 4 hours prior to exam. No oral contrast, IV only.

Intravenous Pyelogram (IVP):

Day before exam 10 oz. citrate of magnesia to be taken at 2 p.m. Low residue diet. No food or drink after midnight day before exam. Patients that are diabetic on medication (Glucophage) need to be off medication for 2 days prior to IVP. Patients with **ASTHMA OR ALLERGIC TO IODINE** cannot have study done at Hollywood Diagnostics Center.

MRI Scans

No surgeries within 8 weeks prior to your MRI appointment. **NO PACEMAKERS.** If you have any type of stent, ear implant, aneurysm clip, or ANY type of metal, please bring documentation identifying it. Bring all previous films of area being diagnosed.

Breast MRI patients must bring Mammo & Ultrasound films if possible with reports the day of the exam.

MRCP Exams: No food or drink 4 hours prior to exam.

Ultrasound Exams

Abdominal Complete: No food or liquids 8 hours prior to your exam.

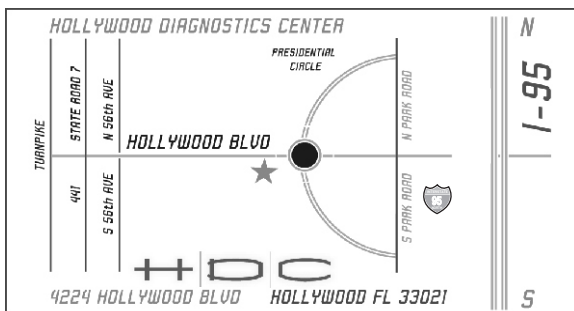
Retro Complete: No food or liquids 8 hours prior to exam IF looking at the Aorta or Pancreas.

Pelvic Transabdominal: Must be finished drinking 48 oz. of water 1 hour **BEFORE** exam and hold.

OB Exams: Greater than 14 weeks, finish drinking 32 oz. of water 1 hour **BEFORE** exam and hold. Less than 14 weeks, drink 48 oz. water 1 hour **BEFORE** your exam time.

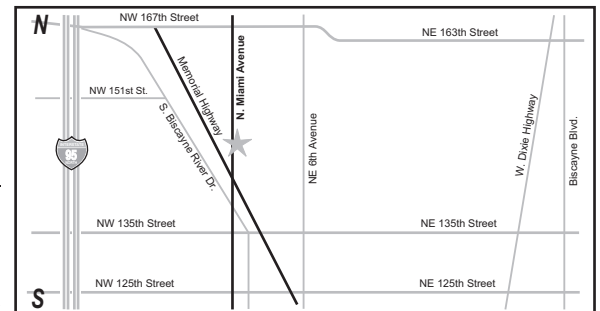
Mammography

No perfume, powder, lotion, or deodorant on day of exam. Please wear a 2 piece outfit for your own convenience. To avoid delays with results, bring all previous mammogram films (NO Cd's) with you.



Hollywood
 4224 Hollywood Blvd.
 Hollywood, FL 33021
 954.966.3600 Phone
 954.967.1962 Fax

**North Miami
 (MRI unit only)**
 14860 N. Miami Avenue
 North Miami, FL 33169
 954.966.3600 Ext. 305
 954.967.1692 Fax



I-95 exit 135 Street, Head east to N. Miami Ave., Turn left to 4860 N. Miami Ave. **(Behind gas station - yellow & red brick building.)**
From 163 St. to N. Miami Ave, go south to 14860 N. Miami Ave.
From W. Dixie Highway go to 135th St., Head west to Memorial Hwy. which then curves right to N. Miami Ave, second bldg.

Hollywood Diagnostics Center is conveniently located at the corner of Circle Drive South on Hollywood Blvd., one block west of Presidential Circle between I-95 and 441. There are exits at the Turnpike (just west of 441) and I-95 on Hollywood Blvd. The Broward County Transit bus stop is located directly in front of our office.