<table>
<thead>
<tr>
<th>CPT CODE</th>
<th>ICD 10</th>
</tr>
</thead>
<tbody>
<tr>
<td>VENDOR (G CODE)</td>
<td>ADHERENCE CODE (M MODIFIER)</td>
</tr>
</tbody>
</table>

### Direct Physician Contact Number (pager, cell, etc.):
- [ ] Report and CD
- [ ] Routine
- [ ] Call results
- [ ] Fax results (please indicate fax #)
- [ ] Patient return to clinic
- [ ] Urgent
- [ ] Call results
- [ ] Fax results (please indicate fax #)

### MRI
- [ ] Brain
- [ ] MRA Brain
- [ ] Neck
- [ ] Soft Tissue Neck
- [ ] Cervical Spine
- [ ] Pelvis
- [ ] Shoulder
- [ ] Elbow
- [ ] Wrist
- [ ] Upper Extremity Non-Joint
- [ ] Hip
- [ ] Knee
- [ ] Ankle
- [ ] Arthrogram
- [ ] Lower Extremity Non-Joint
- [ ] Without Contrast
- [ ] With and Without Contrast

### Radiology
- [ ] Esophagram
- [ ] Upper GI
- [ ] Small Bowel Follow Through
- [ ] Barium Enema
- [ ] Chest X-Ray (PA/lateral)
- [ ] Ribs
- [ ] Shoulder
- [ ] Humerus
- [ ] Elbow
- [ ] Forearm
- [ ] Wrist
- [ ] Hand
- [ ] Finger
- [ ] Cervical Spine
- [ ] Thoracic Spine
- [ ] Lumbar Spine
- [ ] Abdomen Supine
- [ ] Abdomen Supine & Upright
- [ ] Pelvis
- [ ] Femur
- [ ] Hip (includes pelvis)
- [ ] Knee
- [ ] Tibia/Fibula
- [ ] Ankle
- [ ] Foot
- [ ] Toe
- [ ] Other (specify)

### Nuclear Medicine
- [ ] Cardiac
- [ ] Myocardial Perfusion Imaging
- [ ] Patient’s Weight
- [ ] Height
- [ ] Treadmill
- [ ] Pharmacological Stress
- [ ] MUGA
- [ ] Bone Scan
- [ ] Whole Body
- [ ] SPECT
- [ ] Multiple Area
- [ ] PET/CT
- [ ] Skull base to mid thigh (oncology)
- [ ] Whole Body
- [ ] Brain
- [ ] Cardiac Viability
- [ ] Thyroid
- [ ] Uptake / Scan
- [ ] Whole Body
- [ ] Therapy
- [ ] Hepatobiliary
- [ ] with EF
- [ ] without EF
- [ ] Gastric Emptying
- [ ] Solid
- [ ] Liquid
- [ ] Solid and Liquid
- [ ] Sentinel Node
- [ ] Breast
- [ ] Melanoma
- [ ] Area
- [ ] Renal
- [ ] Baseline
- [ ] Lasix
- [ ] ACE Inhibitor
- [ ] Other (specify)

### Breast Imaging
- [ ] Screening Mammogram (no signs or symptoms)
- [ ] Diagnostic Mammogram
- [ ] Ultrasound if indicated
- [ ] Breast Ultrasound
- [ ] Diagnostic Mammogram if indicated
- [ ] Axilla
- [ ] Breast MRI
- [ ] BSGI (Nuc Med)
- [ ] Localization
- [ ] Seed
- [ ] Wire
- [ ] Mammography
- [ ] Ultrasound
- [ ] MRI
- [ ] US Axillary Lymph Node
- [ ] Biopsy
- [ ] Mammography
- [ ] Ultrasound
- [ ] MRI
- [ ] Cyst Aspiration
- [ ] Other

### Interventional Radiology
- [ ] Additional breast imaging indicated by the radiologist, including biopsy.

### Ultrasound
- [ ] Abdomen
- [ ] Limited (hernia)
- [ ] Complete
- [ ] Right Upper Quadrant
- [ ] Aorta only
- [ ] Appendix
- [ ] Renal
- [ ] Pelvis with transvaginal
- [ ] Pelvis without transvaginal
- [ ] OB: > 14 weeks
- [ ] < 14 weeks
- [ ] Scrotal
- [ ] Thyroid
- [ ] Lymph node mapping
- [ ] Other (specify)

### Bone Densitometry (DEXA)
- [ ] DEXA Routine Screening (to include forearm if needed)
- [ ] DEXA Routine Screening with Appendicular Skeleton (forearm)
- [ ] DEXA Routine Screening with Vertebral Fracture Assessment
- [ ] DEXA Appendicular Skeleton ONLY (forearm)

**Note:** All exams may not be available at all locations. Please follow the exam preparations on the back of this form.

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Diagram must be completed for all signs/symptoms.
<table>
<thead>
<tr>
<th>Procedure</th>
<th>Instructions</th>
</tr>
</thead>
</table>
| Upper G.I. / Small Bowel Series  | - Nothing to eat or drink for 12 hours prior to examination.  
- Please note Upper GI may take 1 hour, small bowel exam may take several hours. |
| Barium Enema                    | - To obtain preparation instructions, please log on to [www.providence.org/diagnosticimaging](http://www.providence.org/diagnosticimaging)  
- Click on Forms and Information  
- Select Barium Enema Bowel Prep Instructions  
- OR  
- Call the Providence Diagnostic Imaging Department (see listings above) and request the preparation instructions be sent to you via FAX, e-mail or U.S. mail. |
| CT Colonoscopy                  | - To obtain preparation instructions, please log on to [www.providence.org/diagnosticimaging](http://www.providence.org/diagnosticimaging)  
- Click on Forms and Information  
- Select CT Colonoscopy Bowel Prep Instructions  
- OR  
- Call the Providence Diagnostic Imaging Department (see listings above) and request the preparation instructions be sent to you via FAX, e-mail or U.S. mail. |
| Mammogram                       | - Do not wear powder, deodorant or lotion around breasts or underarms.  
- Diagnostic exams may include Breast Ultrasound, which may take several hours to complete. |
| MRI                             | - Please bring prior MRI, CT or X-Ray images.  
- Claustrophobic patients – Please consult your physician. |
| Ultrasound                       | - Abdomen  
- Nothing to eat or drink 6 hours prior to exam.  
- OB or Pelvis  
- Start by emptying bladder 2 hours before appointment, then drink 32 ounces of water, finish 1 hour before appointment.  
- Do not empty your bladder before your exam. |
| Bone Densitometry                | - No calcium supplements 24 hours prior to exam. |
| Nuclear Medicine                | - Please call the department for instructions.  
- PWFM 503-657-6943  
- PPMC 503-215-6196  
- PSVMC 503-216-2619  
- PMH 503-513-8350  
- PHRMH 503-387-6328  
- PHRMH 503-387-6328  
- PNMC 503-537-1780 |

**Note:** The Department of Diagnostic Imaging does not provide childcare. Please make appropriate arrangements.