

# UNIVERSITY OF VIRGINIA HEALTH SYSTEM DEPARTMENT OF RADIOLOGY NUCLEAR MEDICINE IMAGING REQUEST FORM

Please Fax to (434) 982-6799  
Schedule at (434) 243-6888

PLACE LABEL HERE

Ordering Date \_\_\_\_\_

SS# \_\_\_\_\_

IF LABEL NOT AVAILABLE, WRITE IN PT NAME & MR#

Patient Name: \_\_\_\_\_ MR# \_\_\_\_\_

Pre/Post-op    Y        N        Date of Surgery \_\_\_\_\_ Date of Test \_\_\_\_\_

DOB \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_        Weight: \_\_\_\_\_        Phone # \_\_\_\_\_

Insurance Company & Plan	Pre Authorization Number	Attending MD/Pic #	Ordering MD/Pic #
Referring Clinic/Office Where Report Should Be Sent	Phone Number of Contact Person Name	Box & Fax Number	

**STUDY DESIRED**

X	Study	X	Study	X	Tumor Imaging	X	Therapy Procedures
	<i>Diagnostic Studies</i>		Kidney Flow/Function		Bone Imaging Whl Bdy		Gallium Tumor
	Thyroid Uptake		Kidney-Lasix		Bone Imaging 3 Phase		I-123 Thyroid CA Dx
	Thyroid Scan only		Kidney-Captopril		Bone SPECT		I-131 Thyroid CA Dx
	Thyroid scan and uptake		Kidney-SPECT(DMSA)		Bone Marrow Imaging		I-131 Post-Rx Scan
	Parathyroid MIBI only		Nuclear VCUG				MIBG Tumor
	Parathyroid I-123/MIBI		Infection Scan-WBC		Gastric Emptying		NP-59 Adrenal Tumor
	Lymph Imaging-Breast		Infection Scan-Gallium		Meckel's Scan		Octreoscan Tumor
	Lymph Imaging-Melanoma		Brain PerfusionSPECT		Liver Colloid Imaging		Prostacint Tumor
	Lung VQ vent & perf		CSF for NPH		Liver for Hemangioma		Thallium Tumor
	Lung Quantitative		CSF Shunt Eval		Hepatobiliary Imaging		P32 or Y90 Tumor
			CSF Leak Detection		Hepatobiliary w/GB emptying		Brain Tumor Spect

\*\*Includes Consult

Other Study-Not Listed (Specify):

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Clinical Indications for Exam (Mandatory):

ICD-9 Dx Code(MANDATORY):

Protocol-For Internal Radiology Use Only:

I attest to the accuracy of the above information and to the medical necessity of the study ordered:

**Physician Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

If films were taken within 2 weeks prior to scan from outside UVA please instruct pt to bring films.

Special considerations:     Non-English speaking     Sz disorder     Pregnancy

Other: \_\_\_\_\_

Is Patient Claustrophobic?     Yes     No    (Pediatric/Claustrophobic patients may require sedation)

Is Sedation required?     Yes     No    Is Patient Pediatric?     Yes     No



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## Top Radiology ICD-9 Codes

### Infectious/Parasitic Diseases

070.51 ACUTE HEP C W/O COMA  
070.54 CHRONIC HEP C W/O COMA

### Neoplasms

162.9 BRONCHUS/LUNG CA-UNSPEC  
171.9 SOFT TISSUE CA-UNSPEC  
172.5 TRUNK MALIGNANT MELANOMA  
172.9 SKIN MAL MELANOMA-UNSPEC  
174.9 FEMALE BREAST CA-UNSPEC  
183.0 OVARY CA  
185 PROSTATE CA  
193 THYROID CA  
197.0 SECONDARY LUNG CA  
198.3 SECONDARY BRAIN/SPINE CA  
198.5 SECONDARY BONE CA  
201.90 HODGKINS NOS-XNODAL/NOS  
202.80 XNODAL/NOS LYMPHOMA NOS  
218.9 UTERINE LEIOMYOMA-UNSPEC  
225.1 BENIGN CRAN NERVE NEOPL  
225.2 BEN CEREB MENINGES NEOPL  
227.3 BENIGN PITUITARY NEOPL  
239.0 DIGESTIVE NEOPLASM-UNSPEC  
239.1 LUNG NEOPLASM-UNSPEC  
239.6 BRAIN NEOPLASM-UNSPEC  
239.7 PARATHYROID NEOPLASM  
241.0 NONTOXIC UNINOD GOITER  
242.00 TOX DIF GOITER W/O CRIS  
242.90 THYROTOX NOS W/O CRISIS

### Nervous System

331.9 CEREB DEGENERATION UNSPEC  
336.9 SPINAL CORD DISEASE  
348.8 BRAIN CONDITIONS OTHER

### Circulatory System

401.9 HYPERTENSION UNSPEC  
433.10 CAROTID OCCL W/O INFARCT  
434.90 CEREBART OCCL W/O INFARCT  
434.91 CEREBART OCCL W INFARCT  
435.9 TRANS CEREB ISCHEMIA  
436 ACUTE ILL-DEFINED CVD  
437.1 AC CEREBROVASC INSUF NOS  
440.21 AS EXT W INTERMITT CLAUD  
441.4 ABD AORTIC ANEURYSM  
451.9 THROMBOPHLEBITIS UNSPEC SITE

### Respiratory System

473.9 CHRONIC SINUSITIS NOS  
486 PNEUMONIA, ORGANISM NOS  
493.90 ASTHMA UNSPEC  
496 CHRONIC AIRWAY OBSTR NEC  
518.89 OTHER LUNG DISEASE NEC

### Digestive System

536.8 STOMACH FUNCT DISORD  
560.9 OBSTRUCTION UNSPEC  
564.00 CONSTIPATION UNSPEC  
571.40 CHRONIC HEPATITIS UNSPEC  
571.5 LIVER CIRRHOSIS W/O ALCO  
573.8 LIVER DISORDERS OTHER  
574.20 GB CALCULUS W/O CHOL  
577.2 PANCREAS CYST/PSEUDOCYST

### Genitourinary System

591 HYDRONEPHROSIS  
592.0 KIDNEY CALCULUS  
592.1 URETERAL CALCULUS  
593.2 ACQUIRED KIDNEY CYST  
593.70 VUR UNSPEC  
592.9 RENAL/URETER DISORD UNSPEC  
599.0 URINARY TRACT INF NOT SPEC  
599.7 HEMATURIA  
620.2 OVARIAN CYST NOS  
623.8 NONINFL DISORDER VAG  
626.2 EXCESSIVE MENSTRUATION  
626.8 MENSTRUAL DISORDER NOS

### Musculoskeletal System

714.0 RHEUMATOID ARTHRITIS  
715.91 OSTEOARTHOSIS UNSP-SHOULDER  
715.94 OSTEOARTHOSIS UNSP-HAND  
715.95 OSTEOARTHOSIS UNSP-PELVIS  
715.96 OSTEOARTHOSIS UNSP-LOW LE  
715.97 OSTEOARTHOSIS UNSP-ANKLE  
719.41 JOINT PAIN-SHOULDER  
719.45 JOINT PAIN-PELVIS  
719.46 JOINT PAIN-LOWER LEG  
719.47 JOINT PAIN-ANKLE/FOOT  
719.49 JOINT PAIN-MULT SITE  
722.10 LUMBAR DISC DISPLACEMENT  
722.4 CERVICAL DISC DEGEN  
722.51 THORACIC DISC DEGEN  
722.52 LUMBAR/LS DISC DEGEN  
723.0 CERVICAL SPINAL STENOSIS  
723.1 CERVICAL SPINE PAIN

724.02 SPINAL STENOSIS-LUMBAR  
724.2 LUMBAGO  
724.5 BACKACHE UNSPEC  
729.5 PAIN IN LIMB  
729.81 SWELLING OF LIMB  
733.00 OSTEOPOROSIS UNSPEC

### Congenital Anomalies

737.30 IDIOPATHIC SCOLIOSIS  
747.81 CEREBROVASCULAR ANOMALY

### Signs/Symptoms/ILL-Defined Conditions

780.2 SYNCOPE AND COLLAPSE  
780.39 OTHER CONVULSIONS  
780.4 DIZZINESS AND GIDDINESS  
782.0 SKIN SENSATION DISTURB  
782.3 EDEMA  
784.0 HEADACHE  
784.2 SWELLING IN HEAD & NECK  
785.6 ENLARGEMENT LYMPH NODES  
786.09 RESPIRATORY ABNORM NEC  
786.2 COUGH  
786.50 CHEST PAIN UNSPEC  
786.59 CHEST PAIN NEC  
(DISCOMFORT, TIGHTNESS)  
786.6 CHEST SWELLING/MASS/LUMP  
787.01 NAUSEA W VOMITING  
787.2 DYSPHAGIA  
789.00 ABDOMINAL PAIN-SITE UNSPEC  
789.01 RUQ ABDOMINAL PAIN  
789.03 RLQ ABDOMINAL PAIN  
789.04 LLQ ABDOMINAL PAIN  
789.09 ABDOMINAL PAIN-OTHER SPEC SITE  
789.30 ABD/PELV SWELL-SITE UNSPEC  
789.5 ASCITES  
793.7 ABNORMAL FINDING-MSK SYSTEM  
794.5 ABN THYROID FUNCT STUDY  
794.9 ABN FUNCTION STUDY OTHER  
795.5 TUBERCULIN TEST REACTION

### Injury

813.42 FX DISTAL RADIUS NEC-CL  
845.00 SPRAIN OF ANKLE UNSPEC  
847.0 SPRAIN OF NECK  
864.00 INJURY-LIVER UNSPEC  
865.00 INJURY-SPLEEN UNSPEC  
869.0 INTERNAL INJ-ABD NOS  
920 CONTUSION HEAD X EYE  
959.01 HEAD INJURY UNSPEC  
959.19 INJURY-BACK/PELVIS  
959.7 LOWER LEG INJURY