



**One Medical Center Drive
Biddeford, ME 04005**

**9 Health Care Drive, Suite 106
Biddeford, ME 04005**

PHYSICIAN ORDER FORM – CAT SCAN DEPARTMENT

Scheduling Phone: (207) 283-7171 Fax: (207) 283-7831

Patient's Name

Exam Date

Reason for Exam

Signature of Ordering Physician

CAT SCAN

<input type="checkbox"/> Abdomen (no contrast) (ABD)-74150	<input type="checkbox"/> Facial Bones w/o & w contrast
<input type="checkbox"/> Abdomen w/contrast (ABDC)-74160	<input type="checkbox"/> CT-Head (no contrast) (HEAD)-70450
<input type="checkbox"/> Abdomen-limited (ABDLMT)-76380	<input type="checkbox"/> CT-Head w/contrast (HEADC)-70460
<input type="checkbox"/> Abdomen w/o & w/contrast (ABDNC)-74170	<input type="checkbox"/> CT-Head w & w/o contrast (HEADNC)-70470
<input type="checkbox"/> Abd w/o & w/contrast /Chest w/contrast (ABDCHWOUT) - 74170/71260	<input type="checkbox"/> IAC (no contrast) (IAC)-70480
<input type="checkbox"/> Abdomen Pelvis w/contrast (ABDPELW)-74177	<input type="checkbox"/> Lower Ext Left w/contrast (LEXTCLT)-73701
<input type="checkbox"/> Abdomen/Pelvis no contrast (ABPELNC)-74176	<input type="checkbox"/> Lower Ext Right w/contrast (LEXTCRT)-73701
<input type="checkbox"/> Abd w/wo, Pel w/wo contrast (ABPELWVO)-74178	<input type="checkbox"/> Lower Ext Left (no contrast) (LEXTLT)-73700
<input type="checkbox"/> Abd w/wo Pelvis w/contrast (APNC)-74178	<input type="checkbox"/> Lower Ext Left w/wo contrast (LEXTNCLT)-73702
<input type="checkbox"/> Chest Abd (no contrast) (CA) - 71250/74150	<input type="checkbox"/> Lower Ext Right w/wo contrast LEXTNCRT)-73702
<input type="checkbox"/> Chest Abd w/contrast (CAC) - 71260/74160	<input type="checkbox"/> Lower Ext Right (no contrast) (LEXTRT)-73700
<input type="checkbox"/> ABD w/wo Chest&Pel w/contrast (CAPNC) - 71260/74170/72193	<input type="checkbox"/> Lumbar Spine (no contrast) (LS)-72131
<input type="checkbox"/> CTA Chest/Abd/Pelvis w/contrast (CAPTRAUMA) - 71275/74177	<input type="checkbox"/> CT-Lumbar Spine w/contrast (LSC)-72132
<input type="checkbox"/> Chest Abd Pelvis w/contrast (CAPWC) - 71260/74177	<input type="checkbox"/> CT-Lumbar spine w & w/o contrast (LSNC)-2133
<input type="checkbox"/> Chest Abd/Pelvis (no contrast) (CAPWOUT) - 74176/71250	<input type="checkbox"/> Soft Tissue Neck (no contrast) (NECK)-70490
<input type="checkbox"/> Cervical Spine (no contrast) (CS)-72125	<input type="checkbox"/> Soft Tissue Neck with contrast (NECKC)-70491
<input type="checkbox"/> CT-Cervical Spine w/contrast (CSC)-72126	<input type="checkbox"/> ST Neck w & w/o contrast (NECKNC)-70492
<input type="checkbox"/> CT-C Spine w&w/o contrast (CSNC)-72127	<input type="checkbox"/> CT-Orbits (no contrast) (ORB)-70480
<input type="checkbox"/> CT Scan of the Hips (CT-HIPS)-73700	<input type="checkbox"/> CT-Orbits w/contrast (ORBC)-70481
<input type="checkbox"/> CT Angiography-Abdomen (CTA-ABD)-74175	<input type="checkbox"/> CT-Orbits w & w/o contrast (ORBNC)-70842
<input type="checkbox"/> CT Angiography-Aorta w/runoff (CTAAORT)-75635	<input type="checkbox"/> CT-Pelvis (no contrast) (PEL)-72192
<input type="checkbox"/> CTA Abdomen Pelvis (CTAAP)	<input type="checkbox"/> CT-Pelvis w/contrast (PELC)-72193
<input type="checkbox"/> CTA Chest Abdomen Pelvis (CTACAP)	<input type="checkbox"/> CT-Pelvis w & w/o contrast (PELNC)-72194
<input type="checkbox"/> CT Angiography-Neck (Carotids) (CTACAROT)-70498	<input type="checkbox"/> CT-Sinus (SIN)-70486
<input type="checkbox"/> CT Angiography-Chest (CTACHEST)-71275	<input type="checkbox"/> CT-Sinus Limited (no contrast)(SINUSLIMIT)-76380
<input type="checkbox"/> CT Angio-Circle of Willis (CTACW)-70496	<input type="checkbox"/> Spine-Limited Study (SPILMT)-76380
<input type="checkbox"/> CT Angiography-Head (CTAHEAD)-70496	<input type="checkbox"/> CT-Thorax/Chest (no contrast) (THRXC)-71250
<input type="checkbox"/> CTA Carotids, CT Head-COW (CTAHEADNEC)	<input type="checkbox"/> CT-Thorax/Chest w/contrast (THRXC)-71260
<input type="checkbox"/> CT Angio Lower Extremity Left (CTALEXTLT)-73706	<input type="checkbox"/> Chest-Limited Study (THRXLMT)-76380
<input type="checkbox"/> CT Angio Lower Extremity Right (TALEXTRT)-73706	<input type="checkbox"/> CT-Thorax/Chest w & w/o contrast (THRXC)-71270
<input type="checkbox"/> CT Angiography-Mesenteric (CTAMES)-74175	<input type="checkbox"/> CT-TMJ (TMJ)-70487
<input type="checkbox"/> CT Angiography-Pelvis (CTAPELV)-72191	<input type="checkbox"/> CT-TMJ w & w/o contrast (TMJNC)-70488
<input type="checkbox"/> CT Angiography-Pulmonary (CTAPULM)-71275	<input type="checkbox"/> Thoracic Spine (no contrast) (TS)-72128
<input type="checkbox"/> Pulm CTA & Abd w/contrast (CTAPULMABD)	<input type="checkbox"/> CT-Thoracic Spine w/contrast (TSC)-72129
<input type="checkbox"/> Pulm CTA Abd/Pelvis w/contrast (CTAPULMAP)	<input type="checkbox"/> CT-T Spine w & w/o contrast (TSNC)-72130
<input type="checkbox"/> CT Angiography-Renal (CTAREN)-74175	<input type="checkbox"/> Upper Ext Left w/contrast (UEXTCLT)-72130
<input type="checkbox"/> CT Angio Upper Extremity Left (CTAUEXTLT)-73706	<input type="checkbox"/> Upper Ext Right w/contrast (UEXTCRT)-72130
<input type="checkbox"/> CT Angio Upper Extremity Right (CTAUEXTRT)-73706	<input type="checkbox"/> Upper Ext Left (no contrast) (UEXTLT)-73200
<input type="checkbox"/> CT Angiography-Vertebral (CTAVERT)-70498	<input type="checkbox"/> Upper Ext Left w & w/o contrast (UEXTNCLT)-73202
<input type="checkbox"/> CT Scan of Mandible (CTMAND)-70486	<input type="checkbox"/> Upper Ext Right w & w/o contrast (UEXTNCRT)-73202
<input type="checkbox"/> Facial Bones w/contrast (FACCON)-70487	<input type="checkbox"/> Upper Ext Right (no contrast) (UEXTRT)-73200
<input type="checkbox"/> Facial Bones w/o contrast	<input type="checkbox"/> Thoracic Spine (no contrast) (TS)-72128

DEAR PATIENT: PLEASE ARRIVE 15 MINUTES PRIOR TO YOUR APPOINTMENT TO REGISTER.