

UNIVERSITY OF VIRGINIA HEALTH SYSTEM DEPARTMENT OF RADIOLOGY FLUOROSCOPY IMAGING REQUEST FORM

Please Fax to (434) 243-6999
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 (*Requires bowel prep)

X	Study	X	Study	X	Study	X	Study	X	Study
	<u>Diagnostic Studies</u>		SBFT *		ERCP		<u>Interventional</u>		<u>Fluoroscopy</u>
	Modified Ba Swallow		Enteroclysis *		Cystogram		Esophageal Dilation *		(Specify):
	Ba Swallow-Cervical		Barium Enema *		VCUG		Esophageal Stent *		
	Ba Swallow-Thoracic		Water Sol Contrast Enema		HSG		Put Feed tube transpyloric		
	Upper GI Series *		Defecography *		Chest Fluoro		G-J tube check		
	Water Soluble UGI		Air Enema (Infant)		Diaphragm Fluoro		Change G-Tube		
	Upper GI w/SBFT *		T-Tube Cholangiogram		Fistulogram		Change J-tube		

Other Study-Not Listed (Specify):

Clinical Indications for Exam (Mandatory):

ICD-9Dx Code(Mandatory):

Physician Signature: _____

X	Code	Diagnosis	X	Code	Diagnosis	X	Code	Diagnosis
		<u>Esophagus/Chest</u>						
	787.2	Dysphagia		789.01	RUQ Abdomen Pain		562.11	Colonic Diverticulitis
	787.2	Odynophagia		789.03	RLQ Abdomen Pain		577.0	Pancreatitis
	783.3	Feeding Problem		787.03	Vomiting Alone		576.8	Cholestasis
	530.81	Esophageal Reflux		787.01	Nausea w/Vomiting		569.81	Fistula-Enterocutaneous
	786.2	Cough		564.00	Constipation NOS		782.4	Jaundice
	553.3	Diaphragmatic Hernia		787.91	Diarrhea		997.4	Surg Complication Digestive
	530.0	Achalasia & Cardiospasm		787.6	Encopresis			<u>GU Symptoms</u>
	530.3	Esophageal Stricture		578.9	GI Bleeding		628.9	Female infertility NOS
	507.0	Aspiration Pneumonia		558.0	Non-Infectious Gastroent NOS		788.30	Urinary Incontinence
	518.89	Lung Nodule (Specify Site)		536.3	Gastroparesis		599.0	Urinary Tract Infection
		<u>Abdomen/GI</u>		555.9	Regional Enteritis (Crohn's)		592.0	Renal Stone
	789.00	Abd Pain Site NOS		569.89	Intestinal Disorder NEC			
	789.06	Epigastric Abd Pain		560.0	Intestinal Obstruction NOS			
				562.10	Colonic Diverticulosis			

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

Special considerations: Non-English speaking Sz disorder Pregnancy

Other: _____

Does patient require early reading? Y N



Updated 8-06

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