



Cardiology and Vascular Associates, P.C.

Radiology Order Form



WOODWARD MEDICAL CENTER

42557 Woodward Ave., Suite 100 • Bloomfield Hills, MI 48304-5038
Phone 248-333-1172 • Fax 248-333-1173

Today's Date

Patient's Name DOB

Referring Physician CC

Diagnosis Exam Date Time

Fax # Phone#

PHYSICIAN'S SIGNATURE REQUIRED

IMPORTANT PATIENT INSTRUCTIONS

- YOU MUST BRING THIS ORDER FORM WITH YOU AT THE TIME OF YOUR IMAGING.
TO DECREASE WAIT TIME, PLEASE CALL THE OFFICE PRIOR TO YOUR ARRIVAL.

X-RAY:

- 71045 Chest X-RAY Single View
71046 Chest X-RAY 2 View
71101 Ribs Unilateral Inc. PA Chest 3 View
72170 Pelvis 1 or 2 View
73000 Clavicle 1 View
73030 Shoulder 2 View
73060 Humerus 2 View
73080 Elbow 3 View
73090 Forearm 2 View
73110 Wrist 3 View
73130 Hand 3 View
73140 Finger 2 View

- 73502 Hip Unilateral 2 View
73521 Hips Bilateral 2 View Each
73552 Femur 2 View
73560 Knee 2 View
73590 Tibia/Fibula 2 View
73610 Ankle 3 View
73630 Foot 3 View
73660 Toe(s) 2 View
74018 Abdomen Flat Plate/KUB 1 View
72040 Cervical Spine 2 to 3 View
72070 Thoracic Spine 2 View
72100 Lumbosacral Spine 2 or 3 View

* CPT codes in RED

SCHEDULING INSTRUCTIONS:

Phone Number: 248-333-1172

SCHEDULE FOR EXAMS:

- Monday - Friday 9:00 am to 4:00 pm
Walk-in Appointments: Contact office prior to arrival to reduce wait time.

