



126 S. Assembly Street,
Columbia, SC 29201

Phone: (803) 988-0082
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www.ClermontRadiology.com

Patient Name: _____

Patient Phone: _____ DOB: _____

Report only CD Portal

Diagnosis: _____

MRI				w/o IV	w/ IV	w/ & w/o IV	X-Ray		
Brain	<input type="checkbox"/> IACs			70551	N/A	70553	C-Spine		
Orbits	<input type="checkbox"/> Face	<input type="checkbox"/> Sinus	<input type="checkbox"/> Neck	70540	N/A	70543	T-Spine		
Pituitary				70551	N/A	70553	L-Spine		
C-Spine				72141	N/A	72156	Chest PA & LAT		
T-Spine				72146	N/A	72157	Pelvis		
L-Spine				72148	N/A	72158	Bone Age Study		
Chest				71550	N/A	71552	Abdomen/KUB		
Abdomen:	<input type="checkbox"/> Kidney	<input type="checkbox"/> Adrenal	<input type="checkbox"/> MRCP	74181	N/A	74183	Skull		
Pelvis				72195	N/A	72195	Sinus		
Humerus				73218	N/A	73220	Orbits		
Shoulder		L	R	73221	N/A	73223	Shoulder	L	R
Elbow		L	R	73221	N/A	73223	Humerus	L	R
Wrist		L	R	73221	N/A	73223	Elbow	L	R
Hand		L	R	73218	N/A	73220	Forearm	L	R
Hip		L	R	73721	N/A	73723	Wrist	L	R
Knee		L	R	73721	N/A	73723	Hand	L	R
Ankle		L	R	73721	N/A	73723	Ribs	L	R
Foot		L	R	73718	N/A	73720	Hip	L	R
Forearm		L	R	73218	N/A	73220	Femur	L	R
Femur		L	R	73718	N/A	73720	Knee	L	R
Tib/Fib		L	R	73718	N/A	73720	Tib/Fib	L	R
Other _____							Ankle	L	R
							Foot	L	R
							Other _____		

CT Scan	w/o IV	w/ IV	w/ & w/o IV
Head	70450	70460	70470
Sinuses	70486	N/A	N/A
Orbits IAC Temporal Bones Mastoids	70480	70481	70482
Max/Facial Bones	70486	70487	70488
Soft Tissue Neck	70490	70491	70492
Cervical Spine	72125	72126	72127
Thoracic Spine	72128	72129	72130
Lumbar Spine	72131	72132	72133
Chest	71250	71260	71270
Abdomen Only	74150	74160	74170
Pelvis Only	72192	72193	72194
Abdomen and Pelvis Oral Contrast: Y N	74176	74177	74178
Urogram (abd/pd w/wo)	N/A	N/A	74178
Stone Protocol (no oral, no IV contrast)	74176	N/A	N/A
Upper Extremity L R	73200	73201	73202
Lower Extremity L R	73700	73701	73702
Other _____			

CTA	w/o IV	w/ IV	w/ & w/o IV
Head (circle willis)	N/A	N/A	70496
Neck/Carotid	N/A	N/A	70498
Chest (thoracic aorta)	N/A	N/A	71275
Abdomen	N/A	N/A	74175
Pelvis	N/A	N/A	72191
CTA abd/pelvis	N/A	N/A	74174
Renal Ateries	N/A	N/A	74175
Other _____			

MRA	w/o IV	w/ IV	w/ & w/o IV
MRA Head (circle willis)	70544	N/A	70546
MRA Neck (carotids)	70547	N/A	70549
MRA Abdomen (aorta)	74185	N/A	N/A
MRA Lower Exremity	73725	N/A	N/A
MRA Pelvis (run off)	72198	N/A	N/A
MRA Renal Arteries	74185	N/A	N/A
MRV Head	70544	N/A	N/A
MRCP	74181	N/A	N/A
Other _____			

Ultrasound			
Carotid Study (NICS)	Renal	Other _____	
Abdominal	Thyroid		
ABI's	Testicle		
RUQ; GB	Pelvic		
Arterial Study	Venous Study (vein scan)		
Upper Lower	Upper Lower		
L R	L R		

Authorizations	
Authorization #: _____	We are happy to obtain these!
Expiration Date: _____	
Effective Date: _____	

Physician Name: _____ Physician Phone: _____ Physician Signature: _____

Date: _____ Insurance Carrier: _____ Policy #: _____

Referring Physician Fax #: _____ Attorney Name: _____

Please send patient's demographics and copy of both sides of insurance cards with order!



Most insurances accepted!

Financial arrangements available!

Outstanding Services

Scans are scheduled within 24-48 hours.
Results in 24-48 hours / Same-day reads upon request.

Patient Instructions

If you must reschedule or cancel your appointment, please give at least 24 hours notice.

Please arrive 15 minutes prior to your exam.

Wear comfortable clothing without metal, if possible.

Bring any previous relevant images and reports.

We cannot perform an MRI if you have a pacemaker, defibrillator, and/or metal fragments in the eye.

Please inform our staff prior to your appointment of any possible contraindications for your exam.



**Scan our code on your
smart phone camera to
get directions to our
Columbia location
via Google!**

