CLERMONT RADIOLOGY COLUMBIA

126 S. Assembly Street,
Columbia, SC 29201

Phone: (803) 988-0082
Fax: (803) 988-0095
www.ClermontRadiology.com

Patient Name: _____

Patient Phone: _____ DOB: _____ ☐ Report only ☐ CD ☐ Portal

Diagnosis: _____ Accident type _____ DOI _____

MRI

				w/o IV	w/ IV	w/ & w/o IV
☐ Brain	☐ IACs			70551	N/A	70553
☐ Orbits	☐ Face	☐ Sinus	☐ Neck	70540	N/A	70543
☐ Pituitary				70551	N/A	70553
☐ C-Spine				72141	N/A	72156
☐ T-Spine				72146	N/A	72157
☐ L-Spine				72148	N/A	72158
☐ Chest				71550	N/A	71552
☐ Abdomen:	☐ Kidney	☐ Adrenal	☐ MRCP	74181	N/A	74183
☐ Pelvis				72195	N/A	72195
☐ Humerus				73218	N/A	73220
☐ Shoulder	☐ L	☐ R		73221	N/A	73223
☐ Elbow	☐ L	☐ R		73221	N/A	73223
☐ Wrist	☐ L	☐ R		73221	N/A	73223
☐ Hand	☐ L	☐ R		73218	N/A	73220
☐ Hip	☐ L	☐ R		73721	N/A	73723
☐ Knee	☐ L	☐ R		73721	N/A	73723
☐ Ankle	☐ L	☐ R		73721	N/A	73723
☐ Foot	☐ L	☐ R		73718	N/A	73720
☐ Forearm	☐ L	☐ R		73218	N/A	73220
☐ Femur	☐ L	☐ R		73718	N/A	73720
☐ Tib/Fib	☐ L	☐ R		73718	N/A	73720
☐ Other _____						

X-Ray

☐ C-Spine		
☐ T-Spine		
☐ L-Spine		
☐ Chest PA & LAT		
☐ Pelvis		
☐ Bone Age Study		
☐ Abdomen/KUB		
☐ Skull		
☐ Sinus		
☐ Orbits		
☐ Shoulder	☐ L	☐ R
☐ Humerus	☐ L	☐ R
☐ Elbow	☐ L	☐ R
☐ Forearm	☐ L	☐ R
☐ Wrist	☐ L	☐ R
☐ Hand	☐ L	☐ R
☐ Ribs	☐ L	☐ R
☐ Hip	☐ L	☐ R
☐ Femur	☐ L	☐ R
☐ Knee	☐ L	☐ R
☐ Tib/Fib	☐ L	☐ R
☐ 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 _____			

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
☐ Other _____			

Ultrasound

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

Clinical Notes Needed For Authorization

Authorizations

Authorization #: _____
Expiration Date: _____
Effective Date: _____

We are happy to obtain these!

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!

CLERMONT RADIOLOGY COLUMBIA

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 you 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!