

Date: _____
Time: _____

Date of Request: ____/____/____ Appt. Date: ____/____/____

CD Req.
 Film Req
 Creatinine Needed
 Creatinine: _____

- STAT HOLD:** Patient held at DCA until referring physician's office verbally releases patient from facility, regardless of results. Verbal results on positive and negative study.
 STAT NO-HOLD: If positive, patient held at DCA until referring physician's office verbally releases patient from facility. Verbal results on positive and negative study.
 PRIORITY: We will make every effort to schedule patient same day. Appointments before 4pm will receive faxed results same day, after 4pm results will be faxed early the next morning. M-F.

Diagnosis: _____
 Insurance: _____
 Patient's Name: _____
 Patient's Phone: _____
 Patient's DOB: _____
 Language Preference: English Spanish Creole Other _____
 Physician's Name: _____
 Physician's Phone/Fax: _____
 Physician's Signature: _____
 CC Physician: _____

CT	PLEASE CIRCLE CPT CODE FOR IV CONTRAST OPTION	w/o IV	w/IV	w/ & w/o IV
<input type="checkbox"/> Dual Energy:	<input type="checkbox"/> Boca <input type="checkbox"/> E. Boynton <input type="checkbox"/> Delray	—	—	—
<input type="checkbox"/> Head		70450	70460	70470
<input type="checkbox"/> Sinuses: Complete	<input type="checkbox"/> Sinus Medtronic	70486	n/a	n/a
<input type="checkbox"/> Orbits	<input type="checkbox"/> w/ 3D (+76376) <input type="checkbox"/> IAC <input type="checkbox"/> Temporal Bones <input type="checkbox"/> Mastoids	70480	70481	70482
<input type="checkbox"/> Max/Facial Bones	<input type="checkbox"/> w/ 3D (+76376) <input type="checkbox"/> Jaw/TMJ <input type="checkbox"/> w/ 3D (+76376)	70486	70487	n/a
<input type="checkbox"/> Soft Tissue Neck		70490	70491	70492
<input type="checkbox"/> Spine: Cervical	<input type="checkbox"/> w/ 3D (+76376)	72125	72126	n/a
<input type="checkbox"/> Spine: Thoracic	<input type="checkbox"/> w/ 3D (+76376)	72128	72129	n/a
<input type="checkbox"/> Spine: Lumbar	<input type="checkbox"/> w/ 3D (+76376)	72131	72132	n/a
<input type="checkbox"/> Chest		71250	71260	71270
<input type="checkbox"/> Abdomen Only		74150	74160	74170
<input type="checkbox"/> Pelvis Only	<input type="checkbox"/> w/ 3D Bony only (+76376)	72192	72193	72194
<input type="checkbox"/> Abdomen & Pelvis:	<input type="checkbox"/> yes oral contrast <input type="checkbox"/> no oral contrast	74176	74177	74178
<input type="checkbox"/> CT Enterography		n/a	74177	n/a
<input type="checkbox"/> CT IVP	<input type="checkbox"/> w/ pre & post KUB <input type="checkbox"/> w/ IVP	n/a	n/a	74178 74400
<input type="checkbox"/> CT IVP (CT only)		n/a	n/a	74178
<input type="checkbox"/> Stone Protocol (no oral, no IV contrast)		74176	n/a	n/a
<input type="checkbox"/> Upper Extremity: (R / L _____)	<input type="checkbox"/> w/ 3D (+76376)	73200	73201	n/a
<input type="checkbox"/> Lower Extremity: (R / L _____)	<input type="checkbox"/> w/ 3D (+76376)	73700	73701	n/a
<input type="checkbox"/> Other:				

CTA	PLEASE CIRCLE CPT CODE FOR IV CONTRAST OPTION	w/o IV	w/IV	w/ & w/o IV
<input type="checkbox"/> Head/Brain		n/a	n/a	70496
<input type="checkbox"/> Neck/Carotid		n/a	n/a	70498
<input type="checkbox"/> Chest	<input type="checkbox"/> PE study (w/ IV only 71275) <input type="checkbox"/> Chest Aorta	n/a	n/a	71275
<input type="checkbox"/> Abdomen		n/a	n/a	74175
<input type="checkbox"/> Cardiac Calcium Score Only		75571	n/a	n/a
<input type="checkbox"/> CCTA / CTA Heart w/3D		n/a	n/a	75574
<input type="checkbox"/> Triple Rule Out		n/a	n/a	75574 71275
<input type="checkbox"/> Runoff (bilateral lower extremity)		n/a	75635	n/a
<input type="checkbox"/> Other:				

MRI	PLEASE CIRCLE CPT CODE FOR IV CONTRAST OPTION	w/o IV	w/IV	w/ & w/o IV
____ 3T Boca ____ 3T E. Boynton ____ 1.5T W. Boynton ____ 1.5T Delray ____ 3T Wellington				
<input type="checkbox"/> Metal Artifact Reduction Sequences (Boca/E. Boynton/Delray/Wellington)		—	—	—
<input type="checkbox"/> Brain <input type="checkbox"/> IAC		70551	n/a	70553
<input type="checkbox"/> Orbit <input type="checkbox"/> Face <input type="checkbox"/> Sinus <input type="checkbox"/> Neck		70540	n/a	70543
<input type="checkbox"/> Pituitary		n/a	n/a	70553
<input type="checkbox"/> Spine: Cervical		72141	n/a	72156
<input type="checkbox"/> Spine: Thoracic		72146	n/a	72157
<input type="checkbox"/> Spine: Lumbar		72148	n/a	72158
<input type="checkbox"/> Chest		71550	n/a	71552
<input type="checkbox"/> Breast MRI w/ & w/o Contrast <input type="checkbox"/> Breast MRI w/o (implant rupture only)		77059	n/a	77059
<input type="checkbox"/> Abdomen: <input type="checkbox"/> Kidney <input type="checkbox"/> Adrenal <input type="checkbox"/> MRCP		74181	n/a	74183
<input type="checkbox"/> MR Enterography		n/a	n/a	74183 72197
<input type="checkbox"/> Brach.Plex. R / L <input type="checkbox"/> Humerus R / L <input type="checkbox"/> Forearm R / L <input type="checkbox"/> Hand R / L		73218	n/a	73220
<input type="checkbox"/> Shoulder R / L <input type="checkbox"/> Elbow R / L <input type="checkbox"/> Wrist R / L		73221	n/a	73223
<input type="checkbox"/> Pelvis		72195	n/a	72197
<input type="checkbox"/> Pelvis attn:prostate w & w/o (prostate w/ 3D reconstruction)		n/a	n/a	72197 76377
<input type="checkbox"/> Hip R / L <input type="checkbox"/> Knee R / L <input type="checkbox"/> Ankle/Mid/Hindfoot R / L		73721	n/a	73723
<input type="checkbox"/> Femur R / L <input type="checkbox"/> Tib/Fib R / L <input type="checkbox"/> Mid/Foreft R / L <input type="checkbox"/> Foreft/Toes R / L		73718	n/a	73720
<input type="checkbox"/> Other:				

MRA	PLEASE CIRCLE CPT CODE FOR IV CONTRAST OPTION	w/o IV	w/IV	w/ & w/o IV
<input type="checkbox"/> Head: <input type="checkbox"/> Arterial <input type="checkbox"/> Venous		70544	n/a	70546
<input type="checkbox"/> Neck		70547	n/a	70549
<input type="checkbox"/> Chest: <input type="checkbox"/> Aorta		n/a	n/a	71555
<input type="checkbox"/> Abdomen: <input type="checkbox"/> Aorta <input type="checkbox"/> Renal <input type="checkbox"/> Mesenteric <input type="checkbox"/> Venous		n/a	n/a	74185
<input type="checkbox"/> Runoff		n/a	n/a	74185 73725

PET/CT	PLEASE CIRCLE CPT CODE FOR IV CONTRAST OPTION	w/o IV	w/IV	w/ & w/o IV
<input type="checkbox"/> Amyloid Brain Localization w/o IV		78814	n/a	n/a
<input type="checkbox"/> Amyloid Brain Diagnostic w/o IV		78814 70450	n/a	n/a
<input type="checkbox"/> Axumin Prostate Localization CT w/o IV		78815	n/a	n/a
<input type="checkbox"/> Brain Localization w/o IV		78608	n/a	n/a
<input type="checkbox"/> Brain Diagnostic w/o IV		78608 70450	n/a	n/a
<input type="checkbox"/> General Oncology Whole Body Localization w/o IV		78815	n/a	n/a
<input type="checkbox"/> General Oncology Whole Body DX w/ IV & Oral (chest/abd/pelvis)		n/a	n/a	78815 74177 71260
<input type="checkbox"/> Melanoma Whole Body Localization w/o IV		78816	n/a	n/a
<input type="checkbox"/> Melanoma Whole Body Diagnostic w/ IV & Oral (chest/abd/pelvis)		n/a	n/a	78816 74177 71260
<input type="checkbox"/> NaF Bone Scan		78816	n/a	n/a
<input type="checkbox"/> Other:				

NUCLEAR
<input type="checkbox"/> Nuclear Stress Test: <input type="checkbox"/> w/ Treadmill <input type="checkbox"/> w/ Lexi (no treadmill) <input type="checkbox"/> Non Nuc Treadmill Only
<input type="checkbox"/> 3 Phase Bone <input type="checkbox"/> Whole Body Bone Scan
<input type="checkbox"/> WB I-131 <input type="checkbox"/> Parathyroid
<input type="checkbox"/> Thyroid Therapy _____ mCi <input type="checkbox"/> Renal Scan: <input type="checkbox"/> Captopril <input type="checkbox"/> Lasix
<input type="checkbox"/> Thyroid Uptake & Scan <input type="checkbox"/> Triple Renal Scan
<input type="checkbox"/> MUGA <input type="checkbox"/> Liver Spleen
<input type="checkbox"/> Hepato/Disida/Hida: <input type="checkbox"/> w/CCK <input type="checkbox"/> w/o CCK <input type="checkbox"/> Liver SPECT
<input type="checkbox"/> Gastric Emptying <input type="checkbox"/> DaT Scan <input type="checkbox"/> Boca <input type="checkbox"/> Delray
<input type="checkbox"/> Other:

BONE DENSITY
<input type="checkbox"/> Bone Densitometry/DEXA

MAMMOGRAPHY
<input type="checkbox"/> Screening Digital Mammo <input type="checkbox"/> Bilateral <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Implants
<input type="checkbox"/> Diagnostic Digital Mammo <input type="checkbox"/> Bilateral <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Implants
<input type="checkbox"/> Other:

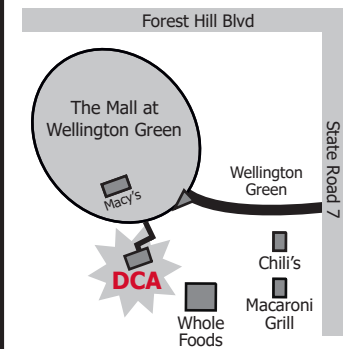
ULTRASOUND
<input type="checkbox"/> Carotid <input type="checkbox"/> Thyroid <input type="checkbox"/> Soft Tissue _____ (Body Part) <input type="checkbox"/> Scrotum
<input type="checkbox"/> Retro CMP. <input type="checkbox"/> (renal/aorta) <input type="checkbox"/> (renal/bladder) <input type="checkbox"/> Retro LTD. <input type="checkbox"/> (renal) <input type="checkbox"/> (aorta)
<input type="checkbox"/> Abdomen: <input type="checkbox"/> Complete <input type="checkbox"/> Limited: <input type="checkbox"/> RUQ
<input type="checkbox"/> Breast: <input type="checkbox"/> Bilateral <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> AAA scan
<input type="checkbox"/> Pelvic /Transabdominal <input type="checkbox"/> Pelvic/Transvaginal
<input type="checkbox"/> OB Complete: <input type="checkbox"/> <=14 Wks <input type="checkbox"/> >14 Wks <input type="checkbox"/> BPP w/o Non Stress Test
<input type="checkbox"/> Venous: <input type="checkbox"/> Bilateral <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Upper <input type="checkbox"/> Lower
<input type="checkbox"/> Arterial: <input type="checkbox"/> Bilateral <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> w/ABI
<input type="checkbox"/> Echocardiogram <input type="checkbox"/> Stress Echo <input type="checkbox"/> EKG
<input type="checkbox"/> Other:

XRAY
<input type="checkbox"/> CXR: <input type="checkbox"/> Single view <input type="checkbox"/> 2 views <input type="checkbox"/> Decubs <input type="checkbox"/> Abdomen/KUB <input type="checkbox"/> Abdomen 2 views
<input type="checkbox"/> Spine: Cervical <input type="checkbox"/> Spine: Thoracic <input type="checkbox"/> Spine: Lumbar <input type="checkbox"/> Bone Age Study
<input type="checkbox"/> Skull <input type="checkbox"/> Sinus <input type="checkbox"/> Ribs <input type="checkbox"/> Pelvis
<input type="checkbox"/> Shoulder R / L <input type="checkbox"/> Elbow R / L <input type="checkbox"/> Wrist R / L <input type="checkbox"/> Hand R / L
<input type="checkbox"/> Hip R / L <input type="checkbox"/> Femur R / L <input type="checkbox"/> Knee R / L <input type="checkbox"/> Tib/Fib R / L
<input type="checkbox"/> Ankle R / L <input type="checkbox"/> Foot R / L
<input type="checkbox"/> Other:

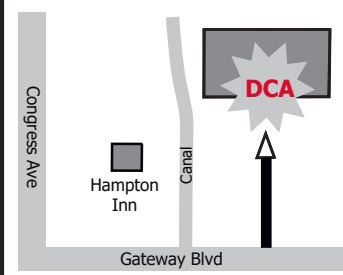


WEST PALM BEACH
PALM BEACH LAKES BLVD.
COMING SOON!

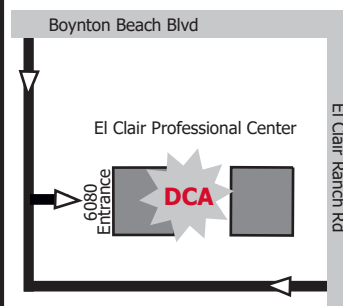
P: 561.496.6935 · F: 561.496.6936



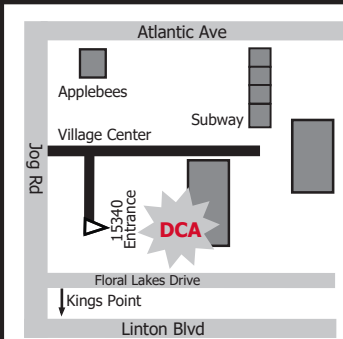
WELLINGTON
Turn onto Wellington Green. DCA is a free standing building located between the Wellington Mall and Whole Foods Market.
2565 South State Road 7
Wellington, FL 33414



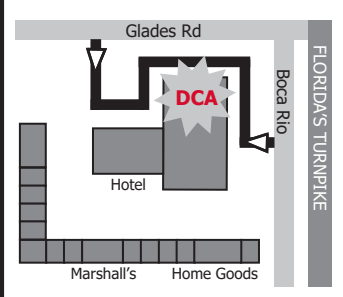
EAST BOYNTON BEACH
On the north side of Gateway Blvd., east of Congress Avenue.
1425 Gateway Blvd., #100
Boynton Beach, FL 33426



WEST BOYNTON BEACH
On the southwest corner of El Clair Ranch Road and Boynton Beach Blvd.
6080 Boynton Beach Blvd., #140
Boynton Beach, FL 33437



DELRAY BEACH
On the east side of Jog Road, just south of Atlantic Avenue.
15340 Jog Road, #160
Delray Beach, FL 33446



BOCA RATON
On the south side of Glades Road, just west of the Turnpike.
8142 Glades Road
Boca Raton, FL 33434



* MAP IS NOT TO SCALE

