DIAGNOSTIC IMAGING CENTERS, P.A.

CHIROPRACTIC
EXAM SCHEDULING ORDER FORM

Schedule online at www.dic-**KC**.com
or call: 913-344-9989 or 816-444-9989

Date: _____

Contact Patient to Schedule DIC to Pre-Cert

PLEASE FAX COMPLETED FORM TO 913-344-9957 OR 816-444-9957

Select Preferred Clinic Location *(map and addresses on reverse side)*

Independence Lee's Summit Liberty North Olathe Overland Park Plaza St. Joseph Wyandotte County

Patient Name: _____ DOB: _____
Mobile Phone: _____ Alt Phone: _____
Email: _____ Insurance: _____ (No Medicare or Medicaid)
Member ID: _____ Group #: _____
Pre-Cert #: _____

Referring Provider (Please Print): _____ ***Provider Signature:** _____

Provider Phone: _____ Provider Fax: _____ **Electronic Signature on file**

Special Instructions:

Call Report Hold patient/Call Report After Hours Phone *(If different from above):* _____
Send CD with Courier Send CD with Patient
Contrast: Yes No Radiologist Discretion
Creatinine: DIC to obtain *(if needed)* Results/Date: _____

Diagnosis/Symptoms: _____

MRI AND CT TABLE WEIGHT LIMITS

MRI Table Weight Limits:
High Field 3T Wide-Bore MRI/500lbs. - Overland Park
High Field 1.5T Wide-Bore Oval MRI/550lbs. - North
High Field 1.5 T Wide-Bore MRI/500lbs. - Olathe
High Field 1.5T MRI/350lbs. - Independence, Lee's Summit, Liberty, St. Joseph
High Field 1.5 T MRI/300lbs. - Plaza
High Field 1.2T OPEN MRI/660lbs. - Overland Park, Indep.
Open MRI/400lbs. - Plaza
Open MRI/500lbs. - Wyandotte County

*MRI CPT CODES LISTED ON REVERSE SIDE

MR Cervical Spine
MR Thoracic Spine
MR Lumbar Spine
MR Pelvis
MR ***UPPER*** Extremity *(Please Specify)*
_____
RT LT Bilateral
MR ***LOWER*** Extremity *(Please Specify)*
_____
RT LT Bilateral
MR ***OTHER*** *(Please Specify)*
_____

CT

CT Scan Table Weight Limits:
Table Limit: 500 lbs. - Liberty, North, Olathe, Overland Park
Table Limit: 450 lbs. - Independence, Lee's Summit, Plaza
Table Limit: 400 lbs. - St. Joseph, Wyandotte County

*CT CPT CODES LISTED ON REVERSE SIDE

CT Cervical Spine
CT Thoracic Spine
CT Lumbar Spine
CT Pelvis
CT ***UPPER*** Extremity *(Please Specify)*
_____
RT LT Bilateral
CT ***LOWER*** Extremity *(Please Specify)*
_____
RT LT Bilateral
CT ***OTHER*** *(Please Specify)*
_____

GENERAL RADIOLOGY

Cervical Spine x-ray
2 - 3 views
4 - 5 views
Lumbar Spine x-ray
2 - 3 views
4 view minimum
Complete w/ Flexion & Extension
Thoracic Spine x-ray, 3 views
Chest x-ray, 2 views
Ribs *and* PA Chest x-ray
RT LT Bilateral
Shoulder x-ray, 2 views
RT LT Bilateral
Hip x-ray, 2 views
RT LT Bilateral
Pelvis x-ray, 1 view
Bilateral Hips *and* Pelvis x-ray
Knee x-ray, 2 views
RT LT Bilateral
Ankle x-ray, 3 views
RT LT Bilateral
Foot x-ray, 3 views
RT LT Bilateral
OTHER (Please Specify)
_____

HELPFUL CPT CODES

MRI SPINE:

72141 MRI CERVICAL SPINE without contrast
72156 MRI CERVICAL SPINE ***w/o & with*** contrast
72146 MRI THORACIC SPINE without contrast
72157 MRI THORACIC SPINE ***w/o & with*** contrast
72148 MRI LUMBAR SPINE without contrast
72158 MRI LUMBAR SPINE ***w/o & with*** contrast

MRI OTHER:

72195 MRI PELVIS without contrast
72197 MRI PELVIS ***w/o & with*** contrast
73218 MRI ***UPPER EXTREMITY*** without contrast
73220 MRI ***UPPER EXTREMITY w/o & with*** contrast
73221 MRI ***UPPER EXTREMITY JOINT*** without contrast
73223 MRI ***UPPER EXTREMITY JOINT w/o & with*** contrast
73718 MRI ***LOWER EXTREMITY*** without contrast
73720 MRI ***LOWER EXTREMITY w/o & with*** contrast
73721 MRI ***LOWER EXTREMITY JOINT*** without contrast
73723 MRI ***LOWER EXTREMITY JOINT w/o & with*** contrast

CT SPINE:

72125 CT CERVICAL SPINE without contrast
72127 CT CERVICAL SPINE ***w/o & with*** contrast
72128 CT THORACIC SPINE without contrast
72130 CT THORACIC SPINE ***w/o & with*** contrast
72131 CT LUMBAR SPINE without contrast
72133 CT LUMBAR SPINE ***w/o & with*** contrast

CT OTHER:

72192 CT PELVIS without contrast
72194 CT PELVIS ***w/o & with*** contrast
73200 CT ***UPPER EXTREMITY*** without contrast
73202 CT ***UPPER EXTREMITY w/o & with*** contrast
73700 CT ***LOWER EXTREMITY*** without contrast
73702 CT ***LOWER EXTREMITY w/o & with*** contrast

PLEASE NOTE:

- ✓ If you are taking medications on a daily basis, please do not withhold medication unless discussed as part of your exam preparation.
- ✓ If you have allergies to iodine, other medications, or have asthma, please contact our office prior to your procedure.
- ✓ If there is any possibility that you may be pregnant or are breastfeeding, please let our office know at the time of scheduling.
- ✓ If you have any questions regarding your procedure, please contact our office and we will be glad to help you.

If for any reason you need to reschedule, please call 913-344-9989 or 816-444-9989

DIAGNOSTIC IMAGING CENTERS, P.A.

INDEPENDENCE
4911 S Arrowhead Dr #100
Independence, MO 64055

LEE'S SUMMIT
301 NE Mulberry St #100
Lee's Summit, MO 64086

PLAZA
4801 Main St #200
Kansas City, MO 64112

KC NORTH
303 NE Englewood Rd
Kansas City, MO 64118

LIBERTY
9151 NE 81st Ter #250
Kansas City, MO 64158

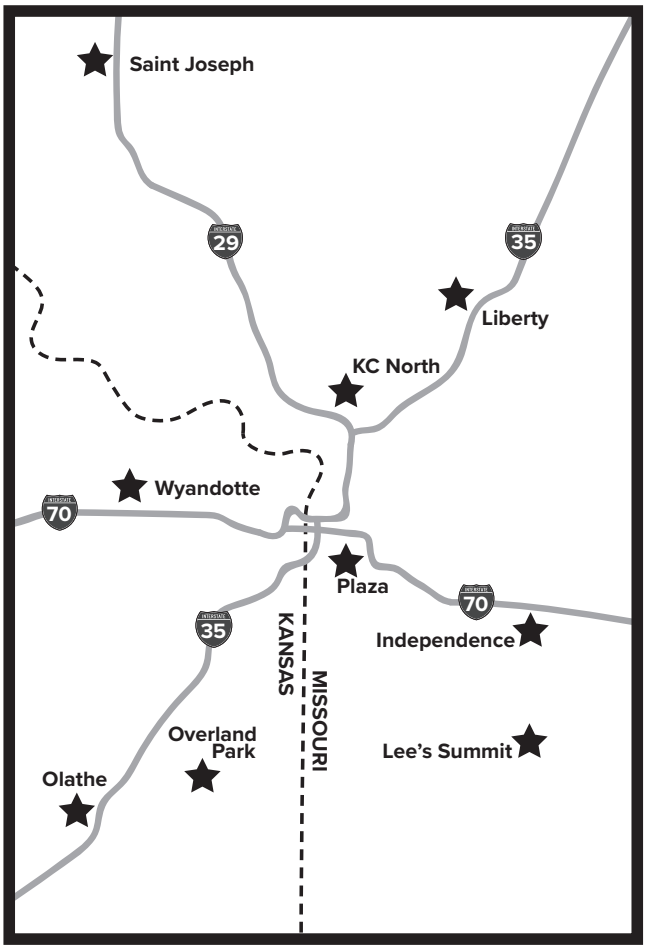
ST. JOSEPH
3937 Sherman Ave
St. Joseph, MO 64506

OLATHE
13795 S Mur-Len Rd #100
Olathe, KS 66062

OVERLAND PARK
6650 W 110th St #100
Overland Park, KS 66211

WYANDOTTE COUNTY
9201 Parallel Pkwy
Kansas City, KS 66112

MOBILE 3D MAMMOGRAPHY



ONLINE SCHEDULING
*now available for **most** exams.*

Online Scheduling Available!

You will need to have an order from your doctor.
*Your annual screening mammogram DOES NOT require an order.