Luxe Medical Imaging Radiology Order Forms
To schedule an appointment 479.488.5893
To fax orders 479.488.5893

LUXE
MEDICAL IMAGING

Patient Name_____ DOB_____ Weight_____

Patient Address_____ Phone_____

Insurance_____ Policy #_____Group#_____

Ins.Subscriber/DOB_____Relation to Patient_____

Pre-Auth Required Y___ N___ Pre-Auth #_____ Valid Dates_____

Reason for Exam_____ ICD 10 code(s)_____

Please fax authorization information with orders.

Abdomen/Pelvis	**CPT**
☐ Abdomen without contrast	74150
☐ Abdomen/Pelvis without contrast	74176
☐ Hip (Acetabulum) without contrast	72192
☐ Pelvis without contrast	72192
Chest	
☐ Cardiac Scoring (self-pay exam $200)	75571
☐ Chest without contrast	71250
☐ Chest without contrast (high resolution)	71250
☐ Chest/Abdomen/ Pelvis without contrast	71250
Head/ Neck	
☐ Brain (head) without contrast	70450
☐ Facial Bones without contrast	70486
☐ Neck Soft Tissue without contrast	70490
☐ Orbits without contrast	70480
☐ Sinus- Maxillofacial without contrast	70486
☐ Temporal Bones without contrast	70480

Extremeties	
☐ Lower Extremity without contrast L____ R___	73721
☐ Upper Extremity without contrast L____ R___	73718
Spine	**CPT**
☐ Cervical Spine without contrast	72125
☐ Lumbar Spine without contrast	72131
☐ Thoracic Spine without contrast	72128
Other Requests	
☐ CT Exam Limited:	76497
☐ CT Low Dose	71250
☐ Other please specify: _____	

Physician Signature _____ Date_____ Time_____

NPI_____ Return Fax Number _____