

GREENWICH RADIOLOGICAL GROUP, P.C.

49 LAKE AVENUE GREENWICH, CT 06830

APPOINTMENTS: (203)869-6220

FAX TO: (203)869-2672

PATIENT NAME		DATE OF BIRTH	DATE OF EXAM
ORDERING PHYSICIAN SIGNATURE	DATE / /	CC	
INSURANCE		PRE-AUTHORIZATION #	
CHIEF COMPLAINT/INDICATIONS / REASON FOR EXAM/ICD-10 CODE			
IS THE PATIENT PREGNANT?		IS THE PATIENT DIABETIC?	

Access the appropriateness criteria ratings tables and narratives <https://acsearch.acr.org/list>

CT	<input type="checkbox"/> WITHOUT IV CONTRAST	<input type="checkbox"/> WITH ORAL CONTRAST	
	<input type="checkbox"/> WITH IV CONTRAST BUN _____ CREATINE _____	<input type="checkbox"/> DELAY	
<input type="checkbox"/> CHEST (71250 71260 71270)	<input type="checkbox"/> BRAIN (70450 70460 70470)	<input type="checkbox"/> C.SPINE (72125 72126 72127)	<input type="checkbox"/> CTA HEAD (70496)
<input type="checkbox"/> ABDOMEN AND PELVIS (COMBINED) (74176 74177 74178)	<input type="checkbox"/> NECK (70490 70491 70492)	<input type="checkbox"/> T.SPINE (72128 72129 72130)	<input type="checkbox"/> CTA NECK (70498)
<input type="checkbox"/> ABDOMEN (ALONE) (74150 74160 74170)	<input type="checkbox"/> SINUSES (70486 70487 70488)	<input type="checkbox"/> L.SPINE (72131 72132 72133)	<input type="checkbox"/> CTA CHEST (71275)
<input type="checkbox"/> PELVIS (ALONE) (72192 72193 72194)	<input type="checkbox"/> CT IAC / TEMP. BONE / ORBIT (70480 70481 70482)		<input type="checkbox"/> CTA AORTA W/RUNOFF (75635)
<input type="checkbox"/> OTHER _____		<input type="checkbox"/> CT LOW DOSE LUNG SCREENING (71250 S8032)	<input type="checkbox"/> CTA ABDOMEN/PELVIS (74174)
			<input type="checkbox"/> CTA ABDOMEN (74175)
			<input type="checkbox"/> CTA PELVIS (72191)
		<input type="checkbox"/> _____ PACK YEARS	<input type="checkbox"/> CURRENT SMOKER
			<input type="checkbox"/> FORMER SMOKER
			<input type="checkbox"/> QUIT ON _____

ULTRASOUND

<input type="checkbox"/> RENAL (76770)	UPPER EXTREMITY - DOPPLER			SOFT TISSUE
<input type="checkbox"/> ABDOMEN (76700)	<input type="checkbox"/> VENOUS	<input type="checkbox"/> RT (93971)	<input type="checkbox"/> LT (93971)	<input type="checkbox"/> AXILLA (76881 OR 76882)
<input type="checkbox"/> PELVIS (76856)		<input type="checkbox"/> RT (93931)	<input type="checkbox"/> LT (93931)	<input type="checkbox"/> CHEST WALL (76604)
<input type="checkbox"/> TRANSVAGINAL (NON OB) (76830)	<input type="checkbox"/> ARTERIAL	<input type="checkbox"/> RT (93926)	<input type="checkbox"/> LT (93926)	<input type="checkbox"/> UPPER BACK (76604)
<input type="checkbox"/> SCROTUM (76870)	LOWER EXTREMITY - DOPPLER			<input type="checkbox"/> LOWER BACK (76705)
<input type="checkbox"/> THYROID (76536)	<input type="checkbox"/> VENOUS	<input type="checkbox"/> RT (93971)	<input type="checkbox"/> LT (93971)	<input type="checkbox"/> ABDOMINAL WALL (76705)
<input type="checkbox"/> CAROTID DOPPLER (93880)		<input type="checkbox"/> RT (93926)	<input type="checkbox"/> LT (93926)	<input type="checkbox"/> PELVIC WALL (76857)
<input type="checkbox"/> OTHER _____	<input type="checkbox"/> ARTERIAL	<input type="checkbox"/> RT (93926)	<input type="checkbox"/> LT (93926)	<input type="checkbox"/> BUTTOCK (76857)
	NON-VASCULAR EXTREMITY			<input type="checkbox"/> GROIN (76881 OR 76882)
	<input type="checkbox"/> COMPLETE	<input type="checkbox"/> RT (76881)	<input type="checkbox"/> LT (76881)	<input type="checkbox"/> PERINEUM (76857)
		<input type="checkbox"/> RT (76882)	<input type="checkbox"/> LT (76882)	
	<input type="checkbox"/> LIMITED	<input type="checkbox"/> RT (76882)	<input type="checkbox"/> LT (76882)	

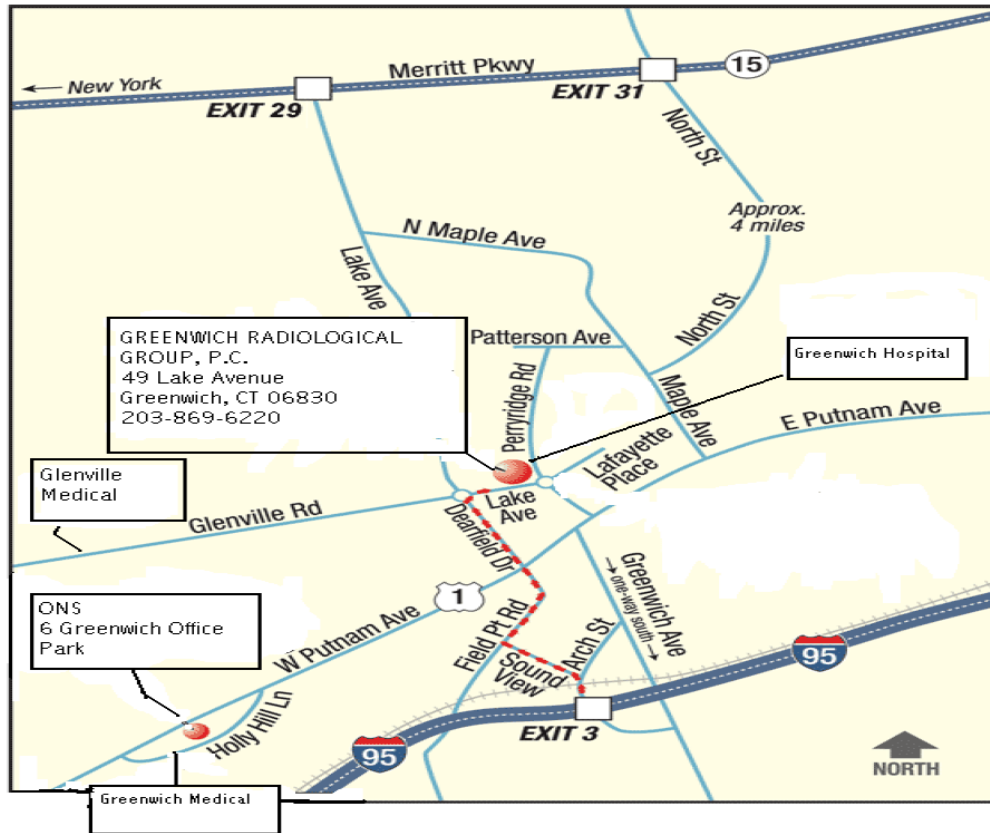
BONE DENSITY *Please check all that apply*

<input type="checkbox"/> ROUTINE SCREENING (Z13.820)	<input type="checkbox"/> HYPERPARATHYROIDISM (E21.0 -E21.2)	CURRENT
<input type="checkbox"/> MENOPAUSE (Z78.0, N95.0-N95.9)	<input type="checkbox"/> CUSHING'S SYNDROME (E24.9)	<input type="checkbox"/> STEROID USE (Z79.51-Z79.52)
<input type="checkbox"/> OSTEOPENIA (M89.9, M94.9)	<input type="checkbox"/> SPINAL FRACTURE	<input type="checkbox"/> BISPHOSONATE USE (Z79.83)
<input type="checkbox"/> OSTEOPOROSIS (M81.0 - M81.8)	<input type="checkbox"/> COLLAPSED VERTEBRAL FX	<input type="checkbox"/> OSTEO MEDS USE (Z79.899)
<input type="checkbox"/> OSTEOGENESIS IMPERFECTA (Q78.0)	<input type="checkbox"/> OTHER _____	

X-RAY

BODY PART _____

DIRECTIONS TO THE GREENWICH RADIOLOGICAL GROUP 203-869-6220



From the south using I-95:

Take I-95 north to exit 3 (Arch St.). At the end of the exit ramp, make a left onto Arch St. Then make a left onto Soundview Dr. At the top of the hill, turn right onto Field Point Rd. At the second traffic light, cross West Putnam Ave. onto Deerfield Dr. At the traffic circle, bear right onto Lake Ave. Shortly after the traffic circle, you will see a sign on your left for the Greenwich Medical Building at 49 Lake Ave. This is the location of our offices.

From the south using the Merrit Parkway:

Take the Merrit Parkway north to exit 31. At the end of the exit ramp make a left onto North St. After approximately 4 miles, make a left onto Maple Ave. At the next light, make a right onto East Putnam Ave. Make your third right onto Lafayette Ave. At the traffic circle, go 3/4 of the way around, getting onto Lake Ave. After passing Greenwich Hospital on your right, you will see a sign on your left for the Greenwich Medical Building at 49 Lake Ave. This is the location of our offices.

From the north using I-95:

Take I-95 south to exit 3 (Arch St.). At the end of the exit ramp, make a right onto Arch St. Then make a left onto Soundview Dr. At the top of the hill, turn right onto Field Point Rd. At the second traffic light, cross West Putnam Ave. onto Deerfield Dr. At the traffic circle, bear right onto Lake Ave. Shortly after the traffic circle, you will see a sign on your left for the Greenwich Medical Building at 49 Lake Ave. This is the location of our offices.

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