



GREATER LANSING

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# CT Referral Form



MSU Health Care

at



GREATER LANSING

Patient Name \_\_\_\_\_ DOB \_\_\_\_\_ Phone \_\_\_\_\_

Diagnosis/ICD Code(s)/Signs & Symptoms \_\_\_\_\_

Injury Date \_\_\_\_\_  Male  Female Weight \_\_\_\_\_

Insurance Type(s) \_\_\_\_\_ Preauthorization # \_\_\_\_\_

## COMPUTERIZED TOMOGRAPHY (CT)

### Head CT

- Head/Brain
- Maxillofacial (Sinuses or Face)
- Orbits/IAC/Pituitary
- TMJ (Temporo-Mandibular Joint)
- Dental CT (Implants)

### Spine CT

- Cervical
- Thoracic
- Lumbar (LS/Lumbo Sacral)

### Upper Extremities & Joints CT

- L  R Shoulder
- L  R Scapula
- L  R Upper Arm (Humerus)
- L  R Elbow
- L  R Lower Arm (Radius/Ulna)
- L  R Wrist
- L  R Hand

### Lower Extremities & Joints CT

- L  R Hip (Pelvis CPT 72192)
- L  R Upper Leg (Femur)
- L  R Knee
- L  R Lower Leg (Tibia/Fibula)
- L  R Ankle (Includes Achilles)
- L  R Foot

### CT ANGIOGRAPHY (CTA)

- Head Angiography (Cerebral)
- Neck Angiography (Carotid & Vertebral)
- L  R Upper Extremity Angiography
- Chest Angiography

- Abdomen Angiography
- Abdominal Runoff
- Pelvis Angiography
- L  R Lower Extremity Angiography

### MISCELLANEOUS CT

- Neck (Soft Tissue)
- L  R Brachial Plexus
- Chest
- Heart Screen/Calcium
- Abdomen
- Pelvis
- Other \_\_\_\_\_

## CT PRE-SCREENING

Please answer the following questions to assist with scheduling.

- Allergy to Contrast or Iodine .....  YES  NO
- Asthma.....  YES  NO
- Kidney Problems .....  YES  NO
- Diabetes.....  YES  NO
- Pregnant .....  YES  NO

CT exams with and/or without contrast will be performed per Radiologist's protocol/standard of care. If you would NOT like contrast administered, check this box:

## Referring Physician/Provider Information

Signature or stamp X \_\_\_\_\_

Physician/Provider Printed Name \_\_\_\_\_

Form filled out by \_\_\_\_\_

Office Phone \_\_\_\_\_ Office Fax \_\_\_\_\_