

ELITE HOSPITAL KINGWOOD



Laboratory and Diagnostic Imaging Outpatient Order Form

Last Name:	First Name:
Date of Birth:	Phone Number:

Your office will be contacted prior to test performed if form is not completed

Physician Name (Please print):	<input type="checkbox"/> Call Report To:
Ordering Physician's Signature: <i>(Signature Stamp Are Not Valid)</i>	<input type="checkbox"/> Email Report To:
Date/Time:	<input type="checkbox"/> Fax Report To:

Patient must call to set appointment

DIAGNOSTIC X-RAY TESTING CASH PRICE LIST		DIAGNOSTIC IMAGING TESTS CASH PRICE LIST		LABORATORY TESTING CASH PRICE LIST	
<input type="checkbox"/> ABDOMEN 1 VIEW 74018	\$35	<input type="checkbox"/> ULTRASOUND	\$200-600	<input type="checkbox"/> METLAC 12 PANEL Albumin, Calcium, Chloride, Creatinine, Glucose, Lactate, Magnesium, Phosphorus, Potassium, Sodium, Total Carbon Dioxide, Bun	\$100
<input type="checkbox"/> ABDOMEN 3 OR MORE VIEWS 74021	\$50	<input type="checkbox"/> ECHOCARDIOGRAM	\$850		
<input type="checkbox"/> ANKLE COMPLETE 73610	\$40	CAT SCAN CASH PRICE LIST			
<input type="checkbox"/> CALCANEUS MINIMUM 2 VIEWS 73650	\$30	<input type="checkbox"/> CT HIP WO CONTRAST 73700	\$225		
<input type="checkbox"/> CERVICAL 2 OR 3 VIEWS 72040	\$45	<input type="checkbox"/> CT KNEE WO CONTRAST 73700	\$225	<input type="checkbox"/> METLYTE 8 PANEL Chloride, Creatine Kinase, Creatinine, Glucose, Potassium, Sodium, Total Carbon Dioxide, Bun	\$80
<input type="checkbox"/> CERVICAL MULTIPLE VIEWS 72052	\$50	<input type="checkbox"/> CT WRIST WO CONTRAST 73200	\$225		
<input type="checkbox"/> CHEST 2 VIEWS 71046	\$40	<input type="checkbox"/> CT ELBOW WO CONTRAST 73200	\$225	<input type="checkbox"/> LIVER PANEL Alanine Aminotransferase, Albumin, Alkaline Phosphatase, Amylase, Aspartate Aminotransferase, Gamma Glutamyltransferase, Total Bilirubin	\$80
<input type="checkbox"/> CLAVICLE COMPLETE 73000	\$40	<input type="checkbox"/> CT SHOULDER WO CONTRAST	\$225		
<input type="checkbox"/> ELBOW COMPLETE 73080	\$40	<input type="checkbox"/> CT ORBITS WO CONTRAST 70480	\$250		
<input type="checkbox"/> FINGER(S) MINIMUM 2 VIEWS 73140	\$35	<input type="checkbox"/> CTA CHEST W/WO 71275	\$375	<input type="checkbox"/> RAPID RESPIRATORY SYNCYTIAL VIRUS (RSV)	\$15
<input type="checkbox"/> FOOT COMPLETE 73630	\$40	<input type="checkbox"/> CTA NECK W/WO 70498	\$375	<input type="checkbox"/> RAPID INFLUENZA TESTING A+B	\$40
<input type="checkbox"/> FOREARM 2 VIEWS 73090	\$40	<input type="checkbox"/> CT ABD AND PELVIS WO CONTRAST 74176	\$300	<input type="checkbox"/> CBC NO DIFF	\$15
<input type="checkbox"/> HAND MINIMUM 3 VIEWS 73130	\$40	<input type="checkbox"/> CT ABD AND PELVIS W CONTRAST 74177	\$350	<input type="checkbox"/> MONO TEST	\$15
<input type="checkbox"/> HIP UNILATERAL 2-3 VIEWS 73502	\$50	<input type="checkbox"/> CT CERVICAL SPINE WO CONTRAST 72125	\$250	<input type="checkbox"/> OCCULT BLOOD	\$9
<input type="checkbox"/> HIP BILATERAL 2 VIEWS 73521	\$45	<input type="checkbox"/> CT THORACIC SPINE WO CONTRAST 72128	\$250	<input type="checkbox"/> RAPID STREP TEST	\$40
<input type="checkbox"/> HUMERUS MINIMUM 2 VIEWS 73060	\$35	<input type="checkbox"/> CT LUMBAR SPINE WO CONTRAST 72131	\$250	<input type="checkbox"/> GLUCOSE TEST	\$9
<input type="checkbox"/> KNEE COMPLETE 73564	\$35	<input type="checkbox"/> CT CHEST W CONTRAST 71260 + Q9967	\$275	<input type="checkbox"/> DRUG SCREEN	\$8
<input type="checkbox"/> LUMBOSACRAL 2 OR 3 VIEWS 72100	\$45	<input type="checkbox"/> CT CHEST WO CONTRAST 71250	\$225	<input type="checkbox"/> URINALYSIS W/O MICROSCOPE	\$9
<input type="checkbox"/> LUMBOSACRAL COMPLETE W/ BENDING VIEW 72114	\$55	<input type="checkbox"/> CT CHEST W/WO CONTRAST 71270	\$325	<input type="checkbox"/> HEP B	\$30
<input type="checkbox"/> NASAL BONES 70160	\$40	<input type="checkbox"/> CT FACE/SINUS WITHOUT CONTRAST 70486	\$225	<input type="checkbox"/> VARICELLA	\$75
<input type="checkbox"/> PELVIS 1-2 VIEWS	\$35	<input type="checkbox"/> CT FACE/SINUS WITH CONTRAST	\$275	<input type="checkbox"/> MMR	\$175
<input type="checkbox"/> RIBS BILATERAL 7110	\$45	<input type="checkbox"/> CT HEAD/BRAIN WO CONTRAST 70450	\$225	<input type="checkbox"/> TETANUS	\$150
<input type="checkbox"/> RIBS UNILATERAL 2 VIEWS 71100	\$40	<input type="checkbox"/> CT HEAD/BRAIN WITH CONTRAST 70460	\$275	<input type="checkbox"/>	
<input type="checkbox"/> RIBS UNIL W PA CHEST MIN 3 VIEWS 71101	\$35	<input type="checkbox"/> CT ST NECK W CONTRAST 70491	\$275	<input type="checkbox"/>	
<input type="checkbox"/> SHOULDER COMPLETE 73030	\$35	<input type="checkbox"/> CT PELVIS W CONTRAST 72193	\$275	<input type="checkbox"/>	
<input type="checkbox"/> THORACIC SPINE 3 VIEWS 72072	\$40	<input type="checkbox"/> CT PELVIS WO CONTRAST 72192	\$225	<input type="checkbox"/>	
<input type="checkbox"/> TIBIA/FIBULA 2 VIEWS 73590	\$35	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/> TOE(S) MINIMUM 2 VIEWS 73660	\$30	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/> WRIST COMPLETE 73110	\$35	<input type="checkbox"/>		<input type="checkbox"/>	