

# ELITE HOSPITAL KINGWOOD



## Laboratory and Diagnostic Imaging Outpatient Order Form

|   |   |
|---|---|
| Last Name:  | First Name:                               |
| Date of Birth:  | Phone Number:                             |
| <b>Your office will be contacted prior to test performed if form is not completed</b> |   |
| Physician Name (Please print):  | <input type="checkbox"/> Call Report To:  |
| Ordering Physician's Signature:<br><i>(Signature Stamp Are Not Valid)</i>             | <input type="checkbox"/> Email Report To: |
| Date/Time:  | <input type="checkbox"/> Fax Report To:   |
| <b>Patient must call to set appointment</b>   |   |

| 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                       | <input type="checkbox"/> ULTRASOUND                           | <input type="checkbox"/> METLAC 12 PANEL<br>Albumin, Calcium, Chloride, Creatinine, Glucose, Lactate, Magnesium, Phosphorus, Potassium, Sodium, Total Carbon Dioxide, Bun        |
| <input type="checkbox"/> ABDOMEN 3 OR MORE VIEWS 74021              | <input type="checkbox"/> ECHOCARDIOGRAM                       |  |
| <input type="checkbox"/> ANKLE COMPLETE 73610                       | <b>CAT SCAN CASH PRICE LIST</b>                               |  |
| <input type="checkbox"/> CALCANEUS MINIMUM 2 VIEWS 73650            | <input type="checkbox"/> CT HIP WO CONTRAST 73700             | <input type="checkbox"/> METLYTE 8 PANEL<br>Chloride, Creatine Kinase, Creatinine, Glucose, Potassium, Sodium, Total Carbon Dioxide, Bun   |
| <input type="checkbox"/> CERVICAL 2 OR 3 VIEWS 72040                | <input type="checkbox"/> CT KNEE WO CONTRAST 73700            |  |
| <input type="checkbox"/> CERVICAL MULTIPLE VIEWS 72052              | <input type="checkbox"/> CT WRIST WO CONTRAST 73200           | <input type="checkbox"/> LIVER PANEL<br>Alanine Aminotransferase, Albumin, Alkaline Phosphatase, Amylase, Aspartate Aminotransferase, Gamma Glutamyltransferase, Total Bilirubin |
| <input type="checkbox"/> CHEST 2 VIEWS 71046                        | <input type="checkbox"/> CT ELBOW WO CONTRAST 73200           |  |
| <input type="checkbox"/> CLAVICLE COMPLETE 73000                    | <input type="checkbox"/> CT SHOULDER WO CONTRAST              | <input type="checkbox"/> RAPID RESPIRATORY SYNCYTIAL VIRUS (RSV)   |
| <input type="checkbox"/> ELBOW COMPLETE 73080                       | <input type="checkbox"/> CT ORBITS WO CONTRAST 70480          |  |
| <input type="checkbox"/> FINGER(S) MINIMUM 2 VIEWS 73140            | <input type="checkbox"/> CTA CHEST W/WO 71275                 | <input type="checkbox"/> RAPID INFLUENZA TESTING A+B   |
| <input type="checkbox"/> FOOT COMPLETE 73630                        | <input type="checkbox"/> CTA NECK W/WO 70498                  |  |
| <input type="checkbox"/> FOREARM 2 VIEWS 73090                      | <input type="checkbox"/> CT ABD AND PELVIS WO CONTRAST 74176  | <input type="checkbox"/> CBC NO DIFF   |
| <input type="checkbox"/> HAND MINIMUM 3 VIEWS 73130                 | <input type="checkbox"/> CT ABD AND PELVIS W CONTRAST 74177   | <input type="checkbox"/> MONO TEST   |
| <input type="checkbox"/> HIP UNILATERAL 2-3 VIEWS 73502             | <input type="checkbox"/> CT CERVICAL SPINE WO CONTRAST 72125  | <input type="checkbox"/> OCCULT BLOOD  |
| <input type="checkbox"/> HIP BILATERAL 2 VIEWS 73521                | <input type="checkbox"/> CT THORACIC SPINE WO CONTRAST 72128  | <input type="checkbox"/> RAPID STREP TEST  |
| <input type="checkbox"/> HUMERUS MINIMUM 2 VIEWS 73060              | <input type="checkbox"/> CT LUMBAR SPINE WO CONTRAST 72131    | <input type="checkbox"/> GLUCOSE TEST  |
| <input type="checkbox"/> KNEE COMPLETE 73564                        | <input type="checkbox"/> CT CHEST W CONTRAST 71260 + Q9967    | <input type="checkbox"/> DRUG SCREEN   |
| <input type="checkbox"/> LUMBOSACRAL 2 OR 3 VIEWS 72100             | <input type="checkbox"/> CT CHEST WO CONTRAST 71250           | <input type="checkbox"/> URINALYSIS W/O MICROSCOPE   |
| <input type="checkbox"/> LUMBOSACRAL COMPLETE W/ BENDING VIEW 72114 | <input type="checkbox"/> CT CHEST W/WO CONTRAST 71270         | <input type="checkbox"/> HEP B   |
| <input type="checkbox"/> NASAL BONES 70160                          | <input type="checkbox"/> CT FACE/SINUS WITHOUT CONTRAST 70486 | <input type="checkbox"/> VARICELLA   |
| <input type="checkbox"/> PELVIS 1-2 VIEWS                           | <input type="checkbox"/> CT FACE/SINUS WITH CONTRAST          | <input type="checkbox"/> MMR   |
| <input type="checkbox"/> RIBS BILATERAL 71110                       | <input type="checkbox"/> CT HEAD/BRAIN WO CONTRAST 70450      | <input type="checkbox"/> TETANUS   |
| <input type="checkbox"/> RIBS UNILATERAL 2 VIEWS 71100              | <input type="checkbox"/> CT HEAD/BRAIN WITH CONTRAST 70460    | <input type="checkbox"/>   |
| <input type="checkbox"/> RIBS UNIL W PA CHEST MIN 3 VIEWS 71101     | <input type="checkbox"/> CT ST NECK W CONTRAST 70491          | <input type="checkbox"/>   |
| <input type="checkbox"/> SHOULDER COMPLETE 73030                    | <input type="checkbox"/> CT PELVIS W CONTRAST 72193           | <input type="checkbox"/>   |
| <input type="checkbox"/> THORACIC SPINE 3 VIEWS 72072               | <input type="checkbox"/> CT PELVIS WO CONTRAST 72192          | <input type="checkbox"/>   |
| <input type="checkbox"/> TIBIA/FIBULA 2 VIEWS 73590                 | <input type="checkbox"/>                                      | <input type="checkbox"/>   |
| <input type="checkbox"/> TOE(S) MINIMUM 2 VIEWS 73660               | <input type="checkbox"/>                                      | <input type="checkbox"/>   |
| <input type="checkbox"/> WRIST COMPLETE 73110                       | <input type="checkbox"/>                                      | <input type="checkbox"/>   |