

# TEXAS HILLS URGENT CARE CENTERS

## CT & XRAY REQUISITION ORDER FORM

1701 HWY 281 N.  
MARBLE FALLS, TX 78654  
(830)798-1122  
FAX: (830)798-1124

351 CYPRESS CREEK RD #103  
CEDAR PARK, TX 78613  
(512)250-8199  
FAX: (512)250-8105

13917 HWY 71 W  
BEE CAVE, TX 78738  
(512)260-1600  
FAX: (512)-263-1608

PATIENT NAME \_\_\_\_\_ STAT \_\_\_\_\_  
SOCIAL SECURITY NUMBER \_\_\_\_\_  
DATE OF BIRTH \_\_\_\_\_ ROUTINE \_\_\_\_\_  
PATIENT PHONE NUMBER \_\_\_\_\_

### COMPUTED TOMOGRAPHY (CT)\*

w/CONTRAST  W/O CONTRAST  BOTH

- HEAD
- BRAIN
- SINUSES
- ORBITS
- SOFT TISSUE NECK
- CERVICAL SPINE
- CHEST (THORAX ONLY)
- LUMBAR SPINE
- RENAL
- ABDOMEN & PELVIS
- ABDOMEN W/ PELVIS IF NEEDED
- EXTREMITY (SPECIFY)
  - RIGHT \_\_\_\_\_
  - LEFT \_\_\_\_\_

PULMONARY ANGIO WITH VENOGRAM

### X-RAY

- CHEST  1V  2V
- ABDOMEN
  - 1V
  - 2V
  - 3V (ACUTE)
- SPINE
  - CERVICAL
  - THORACIC
  - LUMBAR
- SINUSES
- EXTREMITY
  - RIGHT \_\_\_\_\_
  - LEFT \_\_\_\_\_
- OTHER \_\_\_\_\_

### \*\*REQUIRED INFORMATION\*\*

ICD 9 DIAGNOSIS CODE \_\_\_\_\_ RQI OR AUTH# \_\_\_\_\_

INSURANCE \_\_\_\_\_

PHYSICIAN ORDERING TEST \_\_\_\_\_

PHYSICIAN SIGNATURE \_\_\_\_\_

FAX NUMBER FOR REPORT \_\_\_\_\_

Reports ordered STAT will be read by a Radiologist and faxed to the number above in 1 hour or less from the time the test is completed. Routine reports are read by a Radiologist and are reported back in 24 hours.

CT SCANS DONE IN OUR CEDAR PARK AND MARBLE FALLS OFFICE LOCATIONS.\*

