USE BALL POINT PEN

PRESS FIRMLY

CHARGE CODE

**415**

UNIVERSITY OF KANSAS HOSPITAL
KANSAS CITY, KANSAS 66160

RADIOLOGY CONSULTATION
**SPECIAL PROCEDURES**

DIAGNOSIS

**TO BE COMPLETED IN RADIOLOGY**

| QTY | CODE |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Pt. May Eat _____ Not Eat _____

Date Studies Completed _____

COMMENTS:

OUT PATIENT ○

CREDIT ○

PATIENT UNIT

INJECTION SITE:

**TO BE COMPLETED AT NURSING STATION:**

**TRANSPORTATION:**
- STRETCHER ☐
- WALK ☐
- WHEELCHAIR ☐
- BED/CRIB ☐

**PATIENT INFORMATION**
- REQUIRE SEDATION ☐
- IN ISOLATION ☐
- REQUIRES NURSING ATTENTION ☐

Date Form Filled Out:

DO NOT RESUSCITATE ORDERS WRITTEN FOR THIS PATIENT? ☐

| ATTENDING PHYSICIAN | BEEPER NUMBER | FORM FILLED OUT BY: | SEX | AGE | DATE EXAM REQUIRED | REGULAR ☐ EMERGENCY ☐ |
|---|---|---|---|---|---|---|
| | | | | | | |

| | YES | NO |
|---|---|---|
| IS PATIENT PREGNANT? | ☐ | ☐ |
| ALLERGIES? SPECIFY | ☐ | ☐ |
| DRUG REACTIONS? SPECIFY | ☐ | ☐ |
| PATIENT TO REMAIN NPO? | ☐ | ☐ |
| IS PATIENT DIABETIC? | ☐ | ☐ |
| PREVIOUS X-RAY HERE? | ☐ | ☐ |

**CLINICAL HISTORY:**

## SPECIAL PROCEDURE EXAMINATION(S) REQUESTED (PLEASE "X")

### HEAD AND NECK

| | | |
|---|---|---|
| 10017 | | ARTERIOGRAM CAROTID UNILAT. |
| 10025 | | ARTERIOGRAM CAROTID BILAT. |
| 10041 | | CAROTID, EXTERNAL, UNILATERAL |
| 10066 | | CAROTID, EXTERNAL, BILATERAL |
| 10116 | | CAROTID, CERVICAL UNILATERAL |
| 10090 | | CAROTID, CERVICAL BILATERAL |
| 10033 | | ARTERIO. VERTEBRAL UNILAT. |
| 10074 | | VENOGRAM JUGULAR |
| 10173 | | SIALOGRAPHY |
| 10181 | | SIALOGRAM W DUCT DILATION |

### CHEST

| | | |
|---|---|---|
| 10249 | | ARTERIOGRAM CARDIAC |
| 10223 | | ARTERIO. PULMONARY UNIL SEL |
| 10256 | | ARTERIO. PULMONARY BIL SEL |
| 10264 | | PULMONARY NONSELECTIVE |
| 10298 | | LUNG BIOPSY/INTRATHORACIC |

### SPINE

| | | |
|---|---|---|
| 10355 | | MYELOGRAM CERVICAL |
| 10363 | | MYELOGRAM THORACIC |
| 10371 | | MYELOGRAM LUMBAR |
| 10397 | | ENTIRE SPINE MYELOGRAM |
| 10439 | | SPINAL SELECTIVE EA VESSEL |
| 10389 | | DISKOGRAPHY LUMBAR EA LEVEL |

### SKELETAL STUDIES

| | | |
|---|---|---|
| 11866 | | ARTHROGRAM SHOULDER |
| 11817 | | ARTHROGRAM HIP |
| 11874 | | ARTHROGRAM KNEE |
| 11882 | | ARTHROGRAM WRIST |
| 11833 | | ARTHROGRAM ANKLE |
| 11890 | | ARTHROGRAM ELBOW |

### ARTERIOGRAMS

| | | |
|---|---|---|
| 10900 | | ARTERIOGRAM CERVICOCEPHALIC |
| 10918 | | ARTERIOGRAM THORACIC |
| 10926 | | ARTERIO. ABDOMINAL AORTA |
| 10827 | | AORTOGRAM AND RUN OFF |
| 10991 | | ARTERIOGRAM PELVIC SELECTIVE |
| 11049 | | ARTER. EXTREMITY UNILAT R L |
| 11031 | | ARTER. EXTREMITY BILATERAL |
| 10942 | | ARTERIOGRAM RENAL UNILAT R L |
| 10843 | | ARTERIOGRAM ADRENAL SEL UNIL |
| 10959 | | ARTERIOGRAM RENAL BILATERAL |
| 10967 | | ARTERIOGRAM ADRENAL BILAT. |
| 10975 | | ARTERIOGRAM VISCERAL SELECT. |
| 10983 | | ARTERIOGRAM SEL. ADDL VESSEL |
| 11213 | | ANGIOGRAM VIA EXISTING CATH |
| 11957 | | ANGIO INTERNAL MAMMARY |
| 12393 | | BRACHIAL RETROGRADE |
| 11205 | | RENAL DIALYSIS SHUNTOGRAM |
| | | |

### INTERVENTIONAL VASCULAR

| | | |
|---|---|---|
| 11056 | | THERAPEUTIC EMBOL. TRANSCATH |
| 11072 | | ARTERIOGRAM THERAP CATH INF |
| 11064 | | ANGIOPLASTY PERIPH. ARTERY |
| 11163 | | ANGIOPLASTY ADDL PERIPHERAL |
| 11189 | | ANGIOPLASTY VISCERAL/RENAL |
| 11197 | | ADDL VISC./RENAL ANGIOPLASTY |
| 10892 | | VENOUS ANGIOPLASTY |
| 10124 | | STENT INTRAVASCULAR |
| 11320 | | INTRAVASCULAR F.B. RETRIEVAL |
| 11551 | | PERCUTANEOUS IVC FILTER |
| | | |

### VENOGRAMS

| | | |
|---|---|---|
| 11080 | | VENOGRAM SUPERIOR VENACAVA |
| 11098 | | VENOGRAM INFERIOR VENACAVA |
| 11122 | | VENOGRAM EXT ARM/LEG UNI. R L |
| 11114 | | VENOGRAM EXT ARM/LEG BILAT |
| 11239 | | VENOGRAM RENAL UNILAT R L |
| 11148 | | VENOGRAM RENAL BILATERAL |
| 11288 | | VENOGRAM ADRENAL UNILAT R L |
| 11270 | | VENOGRAM ADRENAL BILATERAL |
| 10884 | | VENOGRAM HEPATIC |
| 10876 | | HEPATIC W/HEMODYNAMIC EVAL. |
| 11346 | | PORTOGRAM TRANSHEP W/O PRESS |
| 12419 | | PERC. TRANS HEPATIC W/HEMODY. |
| 11924 | | VENOGRAM, SUP SAGITAL SINUS |
| 11965 | | VENOGRAM EPIDURAL |
| 11973 | | VENOGRAM ORBITAL |
| 11171 | | VEIN SAMPLING |
| 11361 | | SPLENOPORTOGRAPHY |

### BILIARY / GI / GU

| | | |
|---|---|---|
| 10678 | | PERCUTANEOUS CHOLANGIOGRAM |
| 10694 | | POST-OP CHOLANGIOGRAM |
| 11296 | | BILIARY DRAINAGE |
| 10702 | | DRAIN (INT/EXT) DILAT & STENT |
| 10710 | | BILIARY STRICTURE DILATATION |
| 10777 | | BILIARY STONE REMOVAL |
| 11510 | | ANTEGRADE PYELOGRM/NEPHRO. |
| 11437 | | PERCUTANEOUS NEPHROSTOMY |
| 11452 | | URETERAL STENT/NEPHROURET |
| 11478 | | DILATE NEPHROST/URETER |
| 11411 | | REMOVE ESOPHAGEAL FB |
| 11429 | | GI TRACT DILATATION |
| 10686 | | PERCUTANEOUS GASTROSTOMY |
| 12005 | | PERC CATH CHANGE BIL/URINARY |

### BIOPSY & MISCELLANEOUS

| | | |
|---|---|---|
| 11304 | | BIOPSY FLUORO GUIDANCE |
| 11353 | | BIOPSY TRANSCATHETER |
| 11312 | | ABSCESS DRAINAGE |
| 11460 | | CYST PUNCTURE - RENAL |
| 51805 | | FISTULA/SINUS TRACT INJECTION |
| 12336 | | CT GUIDED CYST ASPIRATION |
| 12377 | | CT GUIDANCE |
| 12344 | | SONO GUID ABD THORACENTESIS |
| 12351 | | SONO GUID CYST ASP/RNL PEL |
| 12369 | | SONO GUIDANCE/NEEDLE BIOPSY |
| 11932 | | VASOGRAM |
| 11940 | | CAVERNOSOGRAPHY |
| 11825 | | INCOMPLETE SPECIAL PROCEDURE |
| 11841 | | FLUOROSCOPY W/WO FILMS |
| 11916 | | FLUORO 1 + HOURS |
| 11262 | | SUBTRACTION FILMS |
| 91876 | | FILM COPY |
| 91884 | | READ OUTSIDE FILMS |
| 99994 | | UNLISTED EXAM |

***ALL EXAMS MUST BE SCHEDULED THROUGH THE SPECIAL PROC. SECTION OF RADIOLOGY.***