



JOHNS HOPKINS
M E D I C I N E

THE JOHNS HOPKINS HOSPITAL
600 NORTH WOLFE STREET
BALTIMORE, MD 21287

Department of Radiology
DIAGNOSTIC EXAMS

STAMP PATIENT'S IDENTIFICATION OR PRINT CLEARLY

Nursing Unit Clinic

Birth Date

J.H.H. History Number

Patient's Name (LAST, FIRST, M.I.)

1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	<input type="checkbox"/> Routine <input type="checkbox"/> Urgent	Scheduled Exam Date
<input type="checkbox"/> Allergic to Drugs	<input type="checkbox"/> On isolation	LMP <input type="checkbox"/> Pregnant
Ordering Provider (Print)	Attending Physician (Print)	

Ordering Provider (Signature)	Provider's ID Code	Phone or Beeper
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Insurance authorization number if applicable:

This Exam may require contrast per protocol.

Please check this box if you DO NOT want your patient to receive contrast No contrast
Reason for requesting non-contrast _____

RADIOLOGY EXAMINATIONS (✓) CHECK EXAMINATIONS REQUESTED

<input type="checkbox"/> Chest, PA & Lat	<input type="checkbox"/> Pelvis	<input type="checkbox"/> Scoliosis
<input type="checkbox"/> Chest, PA	<input type="checkbox"/> Pelvis & Lateral R Hip	<input type="checkbox"/> Metastatic Bone Survey
<input type="checkbox"/> Chest, AP	<input type="checkbox"/> Pelvis & Lateral L Hip	<input type="checkbox"/> Lateral Soft Tissue Neck
<input type="checkbox"/> Chest AP & Lat (Peds)	<input type="checkbox"/> Pelvis with Frog Legs (Peds)	<input type="checkbox"/> Bone Age
<input type="checkbox"/> Babygram	<input type="checkbox"/> Air Contrast Barium Enema	<input type="checkbox"/> Trauma Survey
<input type="checkbox"/> Abdomen, KUB	<input type="checkbox"/> Barium Enema	<input type="checkbox"/> Upper Extremity (Peds)
<input type="checkbox"/> Abdomen, supine & erect	<input type="checkbox"/> Upper GI Series	<input type="checkbox"/> Lower Extremity (Peds)
<input type="checkbox"/> Abdomen AP & L Lat Decubitus	<input type="checkbox"/> Upper GI & Small Bowel	<input type="checkbox"/> Sinus Tract Injection
<input type="checkbox"/> Lateral Cervical Spine	<input type="checkbox"/> Small Bowel - only	
<input type="checkbox"/> Cervical Spine AP & Lateral	<input type="checkbox"/> Cine Esophagopharynogogram	
<input type="checkbox"/> Cervical Spine & Obliques	<input type="checkbox"/> Cine Esophagopharynogogram with Therapist (Peds & Adults)	
<input type="checkbox"/> Thoracic Spine		
<input type="checkbox"/> Lumbar Spine		

EXTREMITIES (LIMBS)

ANKLE <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Bilateral	FOOT <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Bilateral	TIBIA & FIBULA <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Bilateral	ELBOW <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Bilateral	HIP <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Bilateral
HAND <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Bilateral	WRIST <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Bilateral	FEMUR <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Bilateral	HAND & WRIST <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Bilateral	KNEE <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Bilateral

OTHER EXAMINATIONS REQUESTED

CLINICAL DX/RELEVANT CLINICAL FINDINGS

ACCESSION CODES	ICD9 or CPT CODES	EXAM CODES	DEPT CODE	SCHEDULED
				ARRIVED
FLUORO TIME	RADIOLOGIST	X-RAY ROOM	TIME IN	TIME OUT
				TECH #
				PATIENT SHIELDED
				YES NO

HEAD AND NECK

0210 Mandible, right
0220 Mandible bilateral
0230 Mandible, left
0250 Mastoids
0300 Nasal bones
0400 Orbits
0420 Sinuses, single view
0450 Sinuses
0600 Skull
0630 Skull single film only
0720 Soft Tissue neck
0800 T-M Joints
0900 Zygomatic Arches

CHEST

1010 Chest, PA & Lat
1020 Babygram
1030 Chest, AP
1040 Chest, PA
1050 Chest Apical or Lordotic
1081 Chest, AP/ Lat & ABD Portable
1140 Chest, films and fluoro
1150 Chest, Fluoro only
1170 Chest, PA/Lat obliques
1180 Chest, Bilat obliques
1340 Ribs, left
1330 Ribs, right
1320 Ribs, bilateral
1500 Sterno Clavicular Joints
1600 Chest Cath/Tube, Fluoro Guide
1800 Sternum

ABDOMEN AND GASTROINTESTINAL

2000 Abdomen, KUB
2010 Abdomen, supine & erect
2012 Abdomen AP & L Lat Decubitus
2090 Abdomen, decub, left
2050 Abdomen, decub, right
2040 Abdomen, decub, bilateral
2060 Abdomen, Fluoroscopy only
2080 Abdomen, with obliques
2100 Barium Enema
2130 Barium Enema, Therapeutic
2140 Defecogram/Proctogram
2150 Barium Enema, Air contrast
2170 Upper GI Series
2261 Cholangiogram Operative Port
2292 Cholangiogram Post Oper T Tube
2400 Esophagogram
2403 Cine Esophago pharyngogram
2413 Esophagogram Cine w Therapist
2460 Simple manipulation of drainage
2470 Comp. manipulation of drainage
2600 Pharynx, study
2800 Small Bowel Series
2850 Enteroclysis procedure
2860 Pelvic Floor
2800 Small Bowel
2880 Upper GI & Small Bowel

GENITOURINARY

3010 Cystogram Cystoscopy
3011 Cystogram Cystoscopy port
3050 Cystourethrogram Voiding
3590 Retro Pyelo
3591 Pyelogram Retrograde port
3600 Nephrotomogram
3730 Ureteral Stent Injection, BI
3720 Ureteral Stent Injection, LT
3710 Ureteral Stent Injection, RT

SPINE AND PELVIS

4000 Lateral Cervical Spine
4010 Cervical spine AP & Lateral
4020 C-Spine with Flex/Ext
4030 Cervical Spine & Obliques
4040 C-Spine wit Flex/Ext & obliq
4030 C-Spine with Obliques
4080 Coccyx
4090 Dorsio Lumbar Spine
4091 Dorsio Lumbar Spine Port OR
4110 Hip, Left
4111 Hip, Left, Port or OR
4118 Hip, Left Special views
4100 Hip, Right
4111 Hip, Right, port or OR
4118 Hip, Right, Spec Views
4120 Hip Bilateral
4121 Hip Bilateral Port or OR
4128 Hip Bilateral Spec Views
4171 Hip Operative Bilat Port OR
4160 Hip Operative, Left
4161 Hip Operative, Left, Port Or
4150 Hip Operative, Right
4151 Hip Operative, Right, Port OR
4200 Lumbar spine
4220 L-Spine with Obliques
4210 L-Spine with Flex/Ext
4230 L-Spine with Flex/Ext & obliq
4300 L-S spine
4400 Pelvis
4408 Pelvis with Frog Legs (Peds)
4430 Pelvic & Lat R Hip
4441 Pelvis & Bilat Hip Port Or
4440 Pelvis & Hip, Bilateral
4450 Pelvis & Hip, left
4430 Pelvis & Hip, Right
4421 Pelvis & Unilateral Hip port
4428 Pelvis & Unilateral Hip Spec
4401 Pelvis Port OR Operating Rm
4408 Pelvis Spec View
4500 Sacroiliac Joints
4600 Sacrum and Coccyx
4900 Thoracic spine
4901 Thoracic Spine Port or O.R.
4908 Thoracic Spine Spec Views
9940 Scoliosis

EXTREMITIES

5030 Acromioclavicular Joint, Bilat
5040 Acromioclavicular Joint, Lt
5020 Acromioclavicular Joint, Rt
5120 Ankle, Right
5130 Ankle, Left
5140 Ankle, Bilateral
5231 Clavicle Bilateral Port or OR
5230 Clavicle, Bilateral
5220 Clavicle, Left
5221 Clavicle, Left, portable
5210 Clavicle, Right
5211 Clavicle, Right, portable
5250 Elbow, Right
5260 Elbow, Left
5270 Elbow, Bilateral
5300 Femur, Right
5310 Femur, Left
5320 Femur, Bilateral
5360 Fingers, Left
5362 Fingers, Left
5361 Fingers, Left, Port or OR
5350 Fingers, Right
5351 Fingers, Right, port or OR
5358 Fingers, Right, Spec Views
5400 Foot, Right
5410 Foot, Left
5420 Foot, Bilateral
5510 Hand, Right
5520 Hand, Left
5530 Hand, Bilateral

EXTREMITIES CONT.

5561 Heel, Bilateral Port or OR
5560 Heel, Bilateral
5550 Heel, Left
5551 Heel, Left, portable
5540 Heel, Right
5541 Heel, Right, portable
5570 Lower Extremity (Peds)
5580 Upper Extremity (Peds)
5610 Humerus, Bilateral
5600 Humerus, Left
5601 Humerus, Left, Port or OR
5620 Knee, Right
5630 Knee, Left
5640 Knee, Bilateral
5590 Humerus, Right
5591 Humerus, Right, port or OR
5670 Patella, Bilateral
5660 Patella, Left
5650 Patella, Right
5658 Patella, Right, Special View
5730 Scapula, Left
5731 Scapula, Left, port or OR
5738 Scapula, Left, spec Views
5720 Scapula Right
5721 Scapula, Right, port or OR
5728 Scapula, Right, Spec Views
5778 Shoulder Bilat Spec Views
5771 Shoulder Bilat, port or OR
5770 Shoulder, Bilateral
5760 Shoulder, Left
5761 Shoulder, Left, port or OR
5768 Shoulder, Left, Spec Views
5750 Shoulder Right
5751 Shoulder Right, port or OR
5758 Shoulder, Right, Spec views
5780 Tibia & Fibula, Right
5790 Tibia & Fibula, Left
5800 Tibia & Fibula, Bilateral
5820 Toes, Left
5821 Toes, Left, port or OR
5810 Toes, Right
5811 Toes Right, Port or OR
5921 Wrist & Hand Bilat Port or OR
5920 Wrist & Hand, Bilateral
5910 Wright & Hand, Left
5911 Wrist & Hand, Left, Port or OR
5918 Wrist & Hand, Left, Spec Views
5900 Wrist & Hand, Right
5908 Wrist & Hand, Right, Spec VW
5901 Wrist & Hand, Right, Port OR
5871 Wrist Bilateral Port or OR
5878 Wrist Bilateral Spec View
5530 Wrist, Bilateral
5520 Wrist, Left
5861 Wrist, Left, Port or OR
5868 Wrist, Left, Spec Views
5510 Wrist, Right
5851 Wrist, Right, Port or OR
5858 Wrist, Right, spec Views

MAMMOGRAPHY

1280 Ultrasound, Right Breast
1290 Ultrasound, Left Breast
1430 Ultrasound, Bilateral
9210 Mammogram, R or L
9240 Mammogram, bilateral

NEUROLOGICAL

8320 Cervical Multiple, Discogram
8300 Cervical Single, Discogram
8630 Epi-Dural Wire Placemnt Perm
8640 Epi-Dural Wire Placement Temp
8950 Hip, Arthrogram, left
8900 Hip, Arthrogram, Right
8590 Myelogram Removal of Mediu
8604 Nerve Block, Cervical/Thoracic

NEUROLOGICAL CONT

8624 Nerve Block, Lumbar/Sacral, EA
8620 Nerve Block, Lumbar/Sacral, SI
8820 Shoulder, Arthrogram, Left
8810 Shoulder, Arthrogram, Right
9120 Sinogram

SPECIAL

9100 Dacryocystogram, Bilat
9140 Dacryocystogram, Left
9130 Dacryocystogram, Right
9181 Hysterosalpingogram port OR
9190 Hysterosalpingogram w/o Fluoro
9200 Ileal Loop Injection
9330 Localization Films
9331 Localization Films, Port
9270 Localizing Exam During OR
9980 Radiology Consult
9650 Soft Tissue Films
9671 Sponge Count Film Portable
9670 Sponge Count Films

SURVEYS

9710 Bone Age Survey, Adolescent
9720 Bone Age Survey, HemiSkeletal
9730 Bone Age, Hand and Wrist
9740 Metastatic Bone Survey
9920 Bone Length Lower, Scanogram
9930 Bone Length Upper, Scanogram
9828 Lead Ingest Sty-Spec Views-Any
9860 Long Bones Survey
9880 Occult Trauma Survey
9940 Scoliosis Study Complete
9968 Scoliosis Study, up to 3 views
9900 Scurvy or Rickets Survey
9970 Spine Survey entire