Brookwood Baptist Health

Brookwood Diagnostic Center • 513 Brookwood Blvd #100 • Birmingham, AL 35209
Women's Diagnostic Center • 2006 Brookwood Medical Center Dr. #112 • Birmingham, AL 35209
Brookwood Baptist 280 Imaging Center • 7131 Cahaba Valley Rd. #101 • Hoover, AL 35242
Free parking at all locations. Bring parking ticket inside with you for free validation.

SCHEDULING
PHONE: 802-6900
FAX: 802-6901

PATIENT SCHEDULING

Patient's Name:_____
Patient's Phone:(H)_____(C)_____
Patient's DOB:_____
Patient's Soc. Sec. #:_____
Appointment Date:_____ Time:_____

Referring Physician:_____
Insurance: _____
Authorization #:_____
Office Contact: _____
Office Phone: _____
Office Fax:_____

❑ **BROOKWOOD DIAGNOSTIC CENTER**
❑ **WOMEN'S DIAGNOSTIC CENTER**
❑ **BROOKWOOD BAPTIST 280 IMAGING CENTER**

❑ CALL PATIENT TO SCHEDULE CPT Code_____
❑ SEND CD WITH PATIENT

ICD-10 Code:

❑ STAT
❑ CALL REPORT PHONE #:_____

CAT SCAN

❑ Abdomen Only
❑ Abdomen / Pelvis
❑ Brain
❑ C-Spine ❑ T-Spine ❑ L-Spine
❑ Chest
❑ Enterography
❑ Extremity:_____
❑ IAC / Orbits / Sella / Petrous Bone
❑ Pelvis Only
❑ Sinus
❑ Soft Tissue Neck
❑ Stone Protocol (NO CONTRAST)
❑ Triple Phase CT
❑ Other:_____

IV CONTRAST
❑ WITH ❑ WITHOUT
ORAL CONTRAST
❑ WITH ❑ WITHOUT

CTA

❑ Aorta
❑ Carotids
❑ Circle of Willis (COW)
❑ Pulmonary Thrombolitic Embolism
❑ Runoff Legs
❑ Other:_____

FLUOROSCOPY *BDC Only

❑ Barium Enema (single contrast)
❑ Barium Enema (double-air contrast)
❑ Esophogram (Barium Swallow) ❑ Gastrografin
❑ Gastrografin Enema
❑ Small Bowel Series
❑ Upper GI
❑ Upper GI with Small Bowel Series
❑ Other:_____

MAMMOGRAPHY/DEXA

❑ Bone Density (DEXA)
❑ 3D Mammography
❑ Diagnostic Digital Mammography
❑ Right ❑ Left ❑ Bilateral
❑ Screening Digital Mammography
❑ Needle Localization *WDC Only
❑ Right ❑ Left
❑ Stereotactic Core Biopsy *WDC Only
❑ Right ❑ Left

Special Instructions:_____

MRI

❑ Abdomen
❑ Arthrogram:_____ ❑ Right ❑ Left
❑ Brain
❑ Breast ❑ Bilateral *BDC only
❑ C-Spine ❑ T-Spine ❑ L-Spine
❑ Extremity:_____
❑ Right ❑ Left
❑ Hip
❑ MRA Brain ❑ MRA Neck
❑ MRCP
❑ MRI Guided Breast Biopsy *BDC & WDC Only
❑ Right ❑ Left
❑ Pelvis
❑ Pituitary/Sella
❑ Shoulder ❑ Right ❑ Left
❑ TMJ
❑ Other:_____

IV CONTRAST
❑ WITH ❑ WITHOUT

ULTRASOUND

❑ Abdomen Complete
❑ Abdomen Limited:_____
❑ Bladder
❑ Breast *WDC Only
❑ Right ❑ Left ❑ Bilateral
❑ Carotid
❑ MSK _____
❑ OB ❑ transabd ❑ transvag
❑ Pelvic ❑ transabd ❑ transvag
❑ Renals ❑ Scrotum
❑ Soft Tissue:_____
❑ Thyroid
❑ Upper Extremity Arterial Doppler
❑ Right ❑ Left ❑ Bilateral
❑ Lower Extremity Arterial Doppler
❑ Right ❑ Left ❑ Bilateral
❑ Upper Extremity Venous Doppler
❑ Right ❑ Left ❑ Bilateral
❑ Lower Extremity Venous Doppler
❑ Right ❑ Left ❑ Bilateral
❑ Other:_____

X-RAY

❑ ABD Flat/Upright
❑ Abdominal KUB
❑ Ankle ❑ Right ❑ Left
❑ Arthrogram *BDC & WDC Only
❑ C-Spine ❑ T-Spine ❑ ❑ L-Spine
Chest PA & LAT
❑ Elbow ❑ Right ❑ Left
❑ Foot ❑ Right ❑ Left
❑ Gastrografin
❑ Hand ❑ Right ❑ Left
❑ Hip ❑ Right ❑ Left
❑ Knee ❑ Right ❑ Left
❑ Metastatic Bone Survey
❑ Pelvis
❑ Ribs ❑ Right ❑ Left
❑ Shoulder ❑ Right ❑ Left
❑ Sinus
❑ Wrist ❑ Right ❑ Left
❑ Other:_____

Date : _____ Physician Signature: _____

*Denotes studies not performed at Brookwood Baptist 280 Imaging Center.

www.brookwooddiagnostic.com