



Signet Diagnostic

IMAGING SERVICES

7 SOUTH FLORIDA LOCATIONS

BOCA RATON

1590 NW 10th Ave., Suite 202
Boca Raton, FL 33486
Tel: 561-368-7956
Fax: 561-447-9373

BOCA RATON MRI

(MRI, CT & X-Ray)
610 Glades Road
Boca Raton, FL 33431
Tel: 561-750-8402
Fax: 561-368-0763

CORAL SPRINGS

2230 N. University Drive
Coral Springs, FL 33071
Tel: 954-753-3800
Fax: 954-753-1465

FORT LAUDERDALE

4461 N. Federal Highway
Oakland Park, FL 33308
Tel: 954-492-8151
Fax: 954-772-7753

PEMBROKE PINES

(US Guided Biopsy)
701 NW 179th Ave., Suite 102
Pembroke Pines, FL 33029
Tel: 954-538-0050
Fax: 954-538-0036

PLANTATION

(PET/CT, Nuclear & All Biopsy)
8300 W. Sunrise Boulevard
Plantation, FL 33322
Tel: 954-577-6000
Fax: 954-577-5816

SOUTH MIAMI

7800 SW 87th Avenue
Building A, Suite 110
Miami, FL 33173
Tel: 305-595-9290
Fax: 305-595-5521

www.signetdiagnostic.com

GENERAL RADIOLOGY

Table with columns for procedure, CPT, and ICD-9. Includes sections for Skull, Orbits, Facial Bones, TMJ, Cervical Spine, Thoracic Spine, Lumbar Spine, Pelvis, Abdomen & Pelvis, Spine, Extremities, and Other.

Patient's Name:
Reason for Exam/ICD-9:
Special Instructions:
Physician's Name:
D.O.B.:
Insurance/Authorization #:
Date:
Physician's Signature:

CT / CTA

Table with columns for procedure, CPT, and ICD-9. Includes sections for CT Head/Face/Neck, Abdomen/Pelvis, Spine, and Fluoroscopy.

MRI / MRA

Table with columns for procedure, CPT, and ICD-9. Includes sections for Neuro, Musculoskeletal, and Body.



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Please send images on CD Check here if you require additional referral forms

See Blood Work Guidelines & Prep on Side 2

Patient's Name: _____ **D.O.B.:** _____ **Date:** _____
Reason for Exam/ICD-9: _____ **Insurance/Authorization #:** _____
Special Instructions: _____
 I hereby certify that the exam(s) ordered on Pages 1 and/or 2 is/are medically necessary to manage the care of the patient.
Physician's Name: _____ **Physician's Signature:** _____

MAMMOGRAPHY

Our standard protocol uses CAD as an additional diagnostic tool
 Screening Bilateral G0202/77052
 Diagnostic Bilateral G0204/77051
 Diagnostic Unilateral Lt. Rt. G0206/77051
 DO NOT USE CAD

DEXA

Bone Densitometry 77080
 Vertebral Fracture Assessment 77082

BIOPSY **US GUIDANCE 76942**

• Plantation performs all Breast Biopsy procedures.
 • Pembroke Pines offers US Guided Breast Biopsy.
 Ultrasound Guided FNA Breast Biopsy Lt. Rt.
 Stereotactic Biopsy Lt. Rt.
 Aspiration Lt. Rt.
 Other _____

ULTRASOUND DOPPLER

Abdominal Aorta - Complete Study 93978
 IVC - Complete Study 93978
 IVC - Limited Study 93979
 Iliac Arteries-
 Unilateral or Limited Study Lt. Rt. 93979
 Iliac Veins-
 Unilateral or Limited Study Lt. Rt. 93979
 Mesenteric Arteries-
 Complete Study (eg.Celiac,SMA) 93975
 Mesenteric Arteries-
 Limited Study (eg.Celiac,SMA) 93976
 Renal Arteries - Complete Lt. Rt. 93975
 Renal Arteries - Limited Lt. Rt. 93976
 Hepato-Portal Venous System -
 Complete Study 93975
 Hepato-Portal Venous System -
 Limited Study 93976
 Testicular/Scrotal Vasculature -
 Complete Study Lt. Rt. 93975
 Testicular/Scrotal Vasculature -
 Limited Study Lt. Rt. 93976
 Ovarian/Uterine Vasculature -
 Complete Study Lt. Rt. 93975
 Ovarian/Uterine Vasculature -
 Limited Study Lt. Rt. 93976
 Other _____

Medical Necessity: Federal regulations require that only tests that are necessary for diagnosis and treatment of a patient's condition be ordered. ICD-9 Code for each test is required to prove medical necessity. All diagnosis codes must be coded to the highest level of specificity. The ordering provider represents that the diagnostic information provided with EACH test accurately reflects his/her current knowledge of the nature or severity of complaint or condition, and that this information can be substantiated by the patient's medical record.

Please send images on CD
 Check here if you require additional referral forms

ECHOCARDIOGRAPHY

Echocardiography w/Color Doppler & Velocity Mapping 93306
 Other _____

ULTRASOUND

GENERAL

Abdomen-Complete 76700
 Abdomen Upper-Limited (eg. Single Organ) 76705
 Indicate: _____
 Bladder 76857
 Retroperitoneum-Complete 76770
 Retroperitoneum-Limited 76775
 Pelvis: Transabdominal Only-Complete 76856
 Pelvis: Transabdominal Only - Limited or Follow-up 76857
 Testicular / Scrotum 76870
 Thyroid 76536
 Neck, Soft Tissue 76536
 Breast - Unilateral Lt. Rt. 76645
 Breast - Bilateral 76645
 Chest Sono 76604
 Extremity, Limited 76882
 Other _____

OB/GYN

Pelvis: Transabdominal Only 76856
 Pelvis: Transvaginal Only 76830
 Pelvis: SonoHysteroigraphy w/Saline Injection 76831 58340
 Biophysical Profile 76819
 OB Sono -1st Trimester - <14 weeks 76801
 OB Sono -After 1st Trimester - >14 weeks 76805
 OB Sono -Targeted-Limited (eg. AFI) 76815
 OB Sono -Transvaginal 76817
 Other _____

PET / CT

Oncology - Whole Body Imaging 78816
 Oncology - Limited Area Imaging 78814
 Oncology - Skull Base to Mid Thigh 78815
 PET Bone Scan 78816
 Cardiac Ammonia Stress Perfusion 78492
 Neurology - Brain Imaging 78608
 Other _____

† Please refer to the Medicare NCD/LCD for this service to ensure compliance with Medicare policy criteria for ordering, performing, documenting, coding and billing requirements for this service.



EXTREMITY VASCULAR

EXTREMITIES CPT ICD-9
 Arterial -
 Lower Extremities
 - Duplex Complete B/L 93925
 Lower Extremities
 - Duplex Limited or Unilateral Lt. Rt. 93926
 Upper Extremities
 - Duplex Complete B/L 93930
 Upper Extremities - Unilateral Lt. Rt. 93931
 ABI (Ankle Brachial Indices) - Bilateral 93922
 Venous -
 Complete Spectral Doppler & Complete Waveform Analysis B/L 93965
 Lower Extremities
 - Duplex Complete B/L 93970
 Lower Extremities
 - Duplex Limited or Unilateral Lt. Rt. 93971
 Upper Extremities
 - Duplex Complete Bilateral 93970
 Upper Extremities
 - Duplex Limited or Unilateral Lt. Rt. 93971
ENTRACRANIAL / VASCULAR
 Carotid Arteries -
 Complete Spectral Doppler & Arterial Waveform Analysis B/L 93875
 IMT 0126T
 Bilateral Complete 93880
 Limited or Unilateral Lt. Rt. 93882
 Vertebral Arteries Extra Cranial
 Bilateral Complete 93880
 Limited or Unilateral Lt. Rt. 93882
 Jugular Veins
 Bilateral Complete 93880
 Limited or Unilateral Lt. Rt. 93882
 Other _____

NUCLEAR MEDICINE

CARDIOLOGY

Nuclear Medicine Myocardial Perfusion Imaging Stress and Resting Studies with Ejection Fraction and Wall Motion Studies
 Multiple Studies 78452 93015
 Treadmill Exercise Pharmacological
 Nuclear Medicine Myocardial Perfusion Imaging Stress or Resting Study with Ejection Fraction and Wall Motion Studies
 Single Study 78451 93015
 Treadmill Exercise Pharmacological
 MUGA/Ejection Fraction 78472

NUCLEAR MEDICINE

Bone Scan - Whole Body 78306
 Limited Area 78300
 Multiple Area 78305
 3 Phase 78315
 Thyroid Uptake Only (no scan) 78000
 Thyroid Scan and Uptake 78006
 Thyroid Scan (only) 78010
 Renal Scan & Vascular Flow (and function) 78707
 Renal Scan
 with Vascular Flow only (no function) 78701
 Renal Scan
 without Vascular Flow (no function) 78700
 Renal Scan & Vascular Flow w/Diuretic 78708
 Renal Scan & Vascular Flow w/Angiotension Enzyme 78709
 Liver Spleen 78215
 Gallium Scan - Limited Area 78805
 Gallium Whole Body Scan 78806
 Parathyroid 78070
 Hemangioma - Liver imaging
 with Vascular Flow 78206
 without Vascular Flow 78205
 Hepatobiliary Imaging with CCK 78223
 Other _____

PREPARATIONS

LAB Values: BUN: _____ CREAT: _____
 Date Drawn: _____ GFR: _____

IV Contrast related studies (CT, MRI, IVP) Gadolinium/Iodinated Contrast

*Blood work is needed on all patients 65+ AND patients who have diabetes, hypertension, lupus, multiple myeloma, renal disease/insufficiency/failure, nephrectomy (one kidney), or renal surgery, renal transplant, renal tumor(s), and/or severe hepatic (liver) disease/liver transplant.
 *All MRA's regardless of patient's age.
 *Blood work criteria: Date drawn (within 90 days), BUN, Creatinine, & GFR (if available).

CT Scans

Please inform us if you are diabetic and what medications you are taking. For ALL CT Scans with IV Contrast, do NOT eat or drink 4 hours prior to exam. Please review IV contrast guidelines at top of form.
Abdomen and Pelvis CT: Please pick up 2 bottles of oral contrast from Imaging Center, 1-day prior to your exam. Drink 1 bottle 2 hours before your exam and drink 1 bottle 1 hour before your exam. Do not eat or drink anything 4 to 6 hours prior to your exam.
Abdomen CT: Please pick up 1 bottle of oral contrast from Imaging Center 1-day prior to your exam. Drink oral contrast 1 hour before your exam. Do not eat or drink anything 4 to 6 hours prior to your exam.
Pelvis CT: Please pick up 2 bottles of oral contrast from Imaging Center 1-day prior to your exam. Drink 1 bottle 2 hours before your exam and drink 1 bottle 1 hour before your exam. Do not eat or drink anything 4 to 6 hours prior to your exam.
Kidney Stone: Call center for prep instructions.

MRI Scans

No surgeries 8 weeks prior to your MRI appointment.
NO PACEMAKERS, COCHLEAR IMPLANTS, ANEURYSM CLIPS OR DEFIBRILLATORS. If you have ANY OTHER type of metal or implant, please notify the center when scheduling. Bring all correlating films of area being diagnosed.
MRA Scans: Blood work required on ALL patients regardless of age.
MRI Scans w/contrast: Please review IV contrast guidelines at top of form.
MRCP Exams: No food or drink 4 hours prior to exam.

Ultrasound Exams

Abdominal: No food or liquids 6 hours prior to your exam.
Retro: No food or liquids 6 hours prior to exam IF looking at the aorta or pancreas.
Pelvis Transabdominal: Drink 32 oz. of water 1 hour prior to your exam time. Do not void bladder.
OB Exam: Greater than 14 weeks, drink 32 oz. of water 1 hour prior to your exam time. Do not void bladder. Less than 14 weeks, drink 32 oz. of water 1/2 hour before your exam time.

Mammography

No perfume, powder, lotion, or deodorant on day of exam. Please wear a two piece outfit for your own convenience. To avoid delays with results, bring all previous mammogram films with you.

Nuclear Scans/PET-CT

Please call our Plantation center @ 954-577-6000 at least 24 hrs. in advance for preparation instructions.

Breast Biopsy

Please call designated center for preparation instructions at least 24 hrs. in advance. Bloodwork is needed prior to exam. Pembroke Pines (ultrasound only): 954-538-0050
 Plantation (ultrasound & stereotactic): 954-577-6000.

Fluoroscopy

Hysterosalpingogram (Plantation only): Exam requires a Transvaginal Ultrasound within 3 months of exam. Please call 954-577-6000 for preparation instructions.