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TIN 82-4890700



Imaging Excellence with Personalized Care
Sound Medical Center
1591 Boston Post Road - Suite 106
Guilford, CT 06437
(203) 453-5123 / Fax (203) 458-0427

www.guilfordradiology.com
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Patient's Name _____ DOB _____ Phone # _____

Insurance _____ ICD-10 Code / Description _____ Authorization #: _____

BREAST IMAGING	
Screening Mammogram:	R L
- AVM & US if needed	
- Screening US if dense	
Diagnostic Mammogram:	R L
Screening Breast US	R L
Diagnostic Breast US	R L
Screening Breast MRI	
Diagnostic Breast MRI	R L
Breast - Cyst Aspiration	R L
Breast Biopsy	R L

BONE DENSITOMETRY	
DEXA Bone Densitometry	
DEXA with Forearm	
DEXA Body Fat Composition	

FLUOROSCOPY	
Barium Swallow	
Upper GI Series	
Small Bowel Series	
Barium Enema	
Joint Injection _____	
Joint Aspiration _____	

ULTRASOUND	
Carotid	93880
Venous Doppler - Arm	R L
Venous Doppler - Leg	R L
Abdomen - limited	
Abdomen - complete	
Liver Elastography	
Renal	
Renal & Bladder	
Aorta	
Pelvic Transabdominal	
Pelvic Transvaginal	
Testicular	
Thyroid	
Thyroid Biopsy	R L
Soft Tissue	
Doppler	
MSK _____	

CT SCANS	
<i>For all studies</i>	
Oral Contrast	Yes No
IV Contrast	W/O / W
Head	70450 / 70470
Sinuses-Low Dose	70486
Sinuses Fusion	70486
Orbits	70480
Facial Bones	70486
Temporal Bones	
IAC's	70480 / 70482
Neck-Soft Tissues	70490
	w - 70491
Spine Cervical	72125
Spine Thoracic	72128
Spine Lumbar	72131
Chest	71250 / 71270
Lung Cancer Screen	71271
Coronary Calcium Scoring	
Abdomen / Pelvis	74176 / 74178
Abdomen	74170 / 74150
Pancreatic Protocol	74170
Pelvis	72192 / 72194
CT Arthrogram	
CT IVP	74178
Renal Spiral	74176
Colonoscopy - Virtual	74261
Enterography	74177
Joint / Extremity	
Other	

CT ANGIOGRAPHY	
Head	70496
Neck	70498
Chest Aorta	71275
Chest Pulmonary	71275
Abdomen	74175
Abdominal Aorta	74174
Pelvis	72191

GENERAL X-RAY	
Chest	
Ribs	R L
Sternum	
KUB	
Abdominal Series	
Sitzmark Study	
Cervical Spine - Complete	
Cervical Spine - AP / LAT	
Thoracic Spine	
Lumbosacral Spine - Complete	
Lumbosacral Spine - AP / LAT	
Sacrum / Coccyx	
SI Joint	
Skull	
Sinuses	
Nasal Bones	
Orbits	
Soft Tissue Neck	
Facial Series	
Mandible	
Mastoids	
Orbits - Pre MRI	
Clavicle	R L
AC Joints	R L
Scapula	R L
Shoulder	R L
Humerus	R L
Elbow	R L
Forearm	R L
Wrist	R L
Hand	R L
Finger	R L
Pelvis	
Hip	R L
Femur	R L
Knee	R L
Tibia / Fibula	R L
Ankle	R L
Foot	R L
Calcaneus	R L
Toe	R L
Bone Age	
Scoliosis	AP Lateral
Arthritis Series	
Metastatic Series	
Other	

MRI	
<i>For all studies</i>	
IV Contrast	W/O W & W/O
Brain	70551 / 70553
Pituitary	70551 / 70553
IAC / Brain	70551 / 70553
Whole Body	
Orbits	70540 / 70543
Neck - Soft Tissue	70540 / 70543
Trigeminal	70551 / 70553
Spine Cervical	72141 / 72156
Spine Thoracic	72146 / 72157
Spine Lumbar	72148 / 72158
Enterography	74183 + 72197
Chest	71550 / 71552
Brachial Plexus	
Pancreatic Protocol	74181 / 74183
Abdomen	74181 / 74183
Abdomen & MRCP	74181 / 74183
Pelvis	72195 / 72197
Joint / Extremity _____	R L
Breast R L	77046 / 77048
Breast Bilat.	77047 / 77049
Prostate	72197
MRI Arthrogram _____	
Other	

MRI ANGIOGRAPHY / MRA	
Brain	70544 / 70546
Neck	70547 / 70549
Chest	
Abdomen	74185
Aorta & Runoff	74185 + 73725

VITAL SCREENING	
Carotid US	
Abdominal Aorta US	
Coronary Calcium Scoring	
Virtual Colonoscopy	
LDCT Cancer Screen	
Body Fat Composition	

MINIMALLY INVASIVE PAIN MANAGEMENT	
US Guidance for Soft Tissue Aspiration or Steroid Injection	
Popliteal Cyst	
Greater Trochanter Bursitis	
Subacromial / Subdeltoid Bursitis	
Plantar Fasciitis	
Peroneal Tendonitis	
Lateral Femoral Cutaneous Nerve	
Steroid Joint Injection	
Joint _____	
Other, please specify	

If STAT, please circle: **STAT & HOLD** **STAT & GO**

REFERRING PROVIDER: _____

DATE: _____ CONTACT: _____

CLINICAL INFORMATION: _____

SIGNATURE: _____