

FAX ALL ORDERS TO (888) 511.2606

Include face sheet

STAT circle & Call if Exam is STAT!

DATE TO BE DONE			PATIENT: LAST			FIRST	MI	ROOM#	M	F	DATE OF BIRTH		

ORDERING FACILITY:

FACILITY ADDRESS:

CONTACT:

PHONE: _____ **FAX:** _____

ORDERING PHYSICIAN

 FIRST LAST PHONE # _____

MANAGED CARE PHYSICIAN

 PHONE # _____

This patient would find it physically and / or psychologically taxing because of advanced age /or physical limitations to receive an X-RAY outside this location. This test is medically necessary for the diagnosis and treatment of this patient.

PATIENT'S SOCIAL SECURITY NUMBER

RESPONSIBLE PARTY

NAME _____

STREET _____

CITY _____ STATE _____ ZIP _____

PHONE _____

PLEASE INCLUDE COPIES OF THE INSURANCE CARDS

MEDICARE # _____

MEDICAID # _____ STATE _____

CO / OTHER INSURANCE _____

POLICY # _____

AGE 55 AND UNDER: I AM/AM NOT PREGNANT. IF YES, SHEILDING WAS USED WHEN POSSIBLE.
 PT. SIGNATURE: _____

I REQUEST THAT PAYMENT OF AUTHORIZED MEDICARE AND/OR ANY INSURANCE BENEFITS BE MADE DIRECTLY TO QUALITY MEDICAL IMAGING AND/OR THE INTERPRETING PHYSICIAN FOR ANY SERVICES FURNISHED ME BY THAT PHYSICIAN OR SUPPLIER. I AUTHORIZE ANY HOLDER OF MEDICAL INFORMATION ABOUT ME TO RELEASE TO THE HEALTH CARE FINANCING ADMINISTRATION AND ITS AGENTS ANY INFORMATION NEEDED TO DETERMINE THESE BENEFITS PAYABLES FOR RELATED SERVICES. I also acknowledge that all services may not be covered in full by my insurance and I will pay in full any balance due.

 PATIENT'S SIGNATURE

 MANAGED CARE PHYSICIAN

CIRCLE THE DESIRED EXAMS AND NOTE ICD 10 DIAGNOSIS CODE ALONG WITH ANY ADDITIONAL NOTES BELOW:

<p><u>Chest</u></p> <p>71045 Chest (1 view)</p> <p>71046 Chest (2 view)</p> <p>71047 Chest (3 view)</p> <p>71048 Chest (4 view)</p> <p><u>Head & Neck</u></p> <p>70250 Skull (4 view)</p> <p>70220 Sinuses (3 view)</p> <p>70110 Mandible (4 view)</p> <p>70150 Facial Bones (3 view)</p> <p>70160 Nasal Bones (3 view)</p> <p>70200 Orbits (4 view)</p> <p>70140 Maxilla (2 view)</p> <p>70360 Soft Tissue Neck (2)</p> <p><u>Spine</u></p> <p>72050 Cervical (4 view)</p> <p>72070 Thoracic (2 view)</p> <p>72100 Lumbar (3 view)</p> <p>72220 Sacrum/Coccyx (2)</p> <p>72170 Pelvis (1 view)</p>	<p><u>Upper Extremitry RIGHT - LEFT</u></p> <p>73030 Shoulder (2 view)</p> <p>73000 Clavicle (2 view)</p> <p>73090 Forearm (2 view)</p> <p>73080 Elbow (3 view)</p> <p>73100 Wrist (2 view)</p> <p>73110 Wrist (3 view)</p> <p>73130 Hand (3 view)</p> <p>73140 fingers (2 view)</p> <p><u>Lower Extremitry RIGHT - LEFT</u></p> <p>73502 Hip Unil w/ Pelvis (2-3view)</p> <p>73552 Femur (2 view)</p> <p>73562 Knee (3 view)</p> <p>73590 Tibia/Fibula (2 view)</p> <p>73610 Ankle (3 view)</p> <p>73630 Foot (3 view)</p> <p>73650 Heel/Calcaneus (2 view)</p> <p><u>Gastro-Urological</u></p> <p>74018 Abdomen/KUB (1 view)</p> <p>74019 Abdomen (2 view)</p> <p>74021 Abdomen (3 Or more view)</p>	<p><u>Electrocardiogram</u></p> <p>93005 EKG</p> <p><u>Interventional</u></p> <p>76937 U/S Guidance</p> <p><u>Echocardiogram (2D)</u></p> <p>93306 Echocardiogram</p> <p><u>Ultrasound</u></p> <p>76536 Thyroid/Neck</p> <p>76642 Breast Ultrasound Limited</p> <p>76700 Abdominal</p> <p>76770 Retroperitoneal</p> <p>76805 OB U/S</p> <p>76856 Pelvic Ultrasound</p> <p>76870/93975 Scrotum/Testicle</p> <p>93880 Carotid Doppler</p> <p>93925 Arterial Doppler Bilat Low Ext</p> <p>93930 Arterial Doppler Bilat Upp Ext</p> <p>93970 Venous Doppler Bilat</p> <p>93971 Venous Doppler Unilat</p>	<p>ICD 10 DIAGNOSIS CODES</p> <p>DX: _____</p> <p>DX: _____</p> <p>DX: _____</p> <p>DX: _____</p> <p>DX: _____</p> <p>DX: _____</p> <p>DX: _____</p> <p>DX: _____</p> <p>DX: _____</p> <p>DX: _____</p> <p>DX: _____</p> <p>DX: _____</p>
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Please Note Reason for Mobile Services:

NOTES: Symptoms / Brief History/Diagnoses:

DATE TAKEN	TECH	# OF PATIENTS THIS VISIT	# OF VIEWS	CHART #	RADIOLOGIST	R0070-Transport (1 pt) R0075-Transport (>1 pt) Q0092-setup 99058-STAT exam
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