

**MOBILE EXAM ORDER FORM**

**PATIENT INFORMATION:**

STAT  Date \_\_\_\_\_

NAME \_\_\_\_\_ D.O.B. \_\_\_\_\_ SS# \_\_\_\_\_  MALE  FEMALE

PATIENT ADDRESS or FACILITY NAME \_\_\_\_\_ ROOM # \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

PRIMARY INSURANCE NAME \_\_\_\_\_ INSURANCE ID # \_\_\_\_\_

SECONDARY INSURANCE NAME \_\_\_\_\_ INSURANCE ID # \_\_\_\_\_

**X-RAYS: (Mark what is needed)**

**CHEST AND ABDOMEN**

- Abdominal KUB 1 View ..... 74018
- Abdominal Flat & Upright 2 View ..... 74020
- Chest 1 View ..... 71045
- Chest AP / LAT ..... 71046
- Ribs 2 View .....  (R) .....  (L) ..... 71100
- Ribs UNILATERAL + PA Chest 3 View ..... 71101
- Ribs BILATERAL + PA Chest 4 View ..... 71111

**UPPER EXTREMITIES**

- Clavicle 2 View .....  (R) .....  (L) ..... 73000
- Scapula 2 View .....  (R) .....  (L) ..... 73010
- Shoulder 2 View .....  (R) .....  (L) ..... 73030
- Humerus 2 View .....  (R) .....  (L) ..... 73060
- Elbow 3 View .....  (R) .....  (L) ..... 73080
- Forearm 2 View .....  (R) .....  (L) ..... 73090
- Wrist 3 View .....  (R) .....  (L) ..... 73110
- Hand 3 View .....  (R) .....  (L) ..... 73130
- Fingers 2 View .....  (R) .....  (L) ..... 73140

**LOWER EXTREMITIES**

- HIP BILATERAL 4 View ..... 73520
- HIP AP / LAT .....  (R) .....  (L) ..... 73501
- Femur 2 View .....  (R) .....  (L) ..... 73550
- Knee 1-2 View .....  (R) .....  (L) ..... 73560
- Knee 3 View .....  (R) .....  (L) ..... 73562
- Tibia / Fibula 2 View ...  (R) .....  (L) ..... 73590
- Ankle 3 View .....  (R) .....  (L) ..... 73610
- Foot 3 View .....  (R) .....  (L) ..... 73630
- Heel 2 View .....  (R) .....  (L) ..... 73650
- Toes 2 View .....  (R) .....  (L) ..... 73660

**HEAD AND NECK**

- Skull ..... 70250
- Facial Bones 3 View ..... 70150
- Orbits 4 View ..... 70200
- Nasal Bones 3 View ..... 70160
- Mandible .....  (R) .....  (L) ..... 70100
- Sinuses ..... 70210

**SPINE AND PELVIS**

- Cervical Spine AP / LAT ..... 72040
- Thoracic Spine 3 View ..... 72072
- Lumbar Spine 2-3 View ..... 72100
- Pelvis 1-2 View ..... 72170
- Sacrum Coccyx ..... 72220

Other: \_\_\_\_\_

Reason for study: \_\_\_\_\_

**Ultrasounds: (Mark what is needed)**

**Vascular Studies ( Rule out DVT  )**

- Venous Upper (Bilat) .....  (R) .....  (L) ... 93970/93971
- Venous Lower (Bilat) .....  (R) .....  (L) ... 93970/93971
- Arterial Upper (Bilat) .....  (R) .....  (L) ... 93930/93931
- Arterial Lower (Bilat) .....  (R) .....  (L) ... 93925/93926
- Arterial with Ankle-Brachial Index (ABI) ..... 93922

**Pelvic**

- Pelvic \*\* ..... 76856
- Pelvic Non-OB \*\* ..... 76856
- Testicular / Scrotum ..... 76870
- Soft Tissue Groin ..... 76882

**Breast**

- Breast (Bilat) .....  (R) .....  (L) ..... 76642/76641

Other \_\_\_\_\_

\* Abdominal Ultrasounds require patient not eat or drink at least 6 hours prior to exam

\*\* Pelvic Ultrasounds require the patient to have a full urinary bladder.

**Abdomen**

- Complete Abdominal \* ..... 76770
- AORTA / AAA ..... 76706
- Renal ..... 76770
- Bladder \*\* ..... 76857

**Head and Neck**

- Thyroid ..... 76536
- Neck Soft tissue ..... 76536
- Carotid Duplex Doppler ..... 93880

Reason for study: \_\_\_\_\_

**CARDIAC STUDIES:**

- EKG ..... 93000
- Holter Monitor 24 HR ..... 93228
- Echocardiogram ..... 93306
- Pacemaker check ..... 93293

**REQUESTING PHYSICIAN:**

NAME \_\_\_\_\_ NPI # \_\_\_\_\_ FAX # \_\_\_\_\_

SIGNATURE \_\_\_\_\_ TODAYS DATE \_\_\_\_\_