

www.mobilemedimaging.net  
**FAX ALL ORDERS TO (469) 299-4546**

**Include face sheet**

**STAT circle & Call if Exam is STAT!**

**Mobile Medical Imaging**  
**Phone:(469) 269-6894 Fax:(469) 299-4546**

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

**ORDERING FACILITY:** \_\_\_\_\_

**FACILITY ADDRESS:** \_\_\_\_\_

**CONTACT:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

**ORDERING PHYSICIAN**

\_\_\_\_\_  
 PHONE # \_\_\_\_\_

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 PAYABLE 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 to Quality Medical Imaging.

PATIENT'S SIGNATURE \_\_\_\_\_

MANAGED CARE PHYSICIAN \_\_\_\_\_

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

<p><b>Chest</b></p> <p>71010 Chest (1 view)</p> <p>71020 Chest (2 view)</p> <p>71101 Ribs Unilat w/CXR</p> <p>71111 Ribs Bilat w/CXR</p> <p>71120 Sternum (2 view)</p> <p><b>Head &amp; Neck</b></p> <p>70260 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><b>Spine</b></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><b>Upper Extremitiy RIGHT - LEFT</b></p> <p>73010 Scapula (2 view) ( R L )</p> <p>73030 Shoulder (2 view) ( R L )</p> <p>73000 Clavicle (2 view) ( R L )</p> <p>73090 Forearm (2 view) ( R L )</p> <p>73080 Elbow (3 view) ( R L )</p> <p>73110 Wrist (3 view) ( R L )</p> <p>73130 Hand (3 view) ( R L )</p> <p>73060 Humerus (2 view) ( R L )</p> <p><b>Lower Extremitiy RIGHT - LEFT</b></p> <p>73510 Hip (2 view) ( R L )</p> <p>73520 Hip Bilat (4 view)</p> <p>73550 Femur (2 view) ( R L )</p> <p>73564 Knee (4 view) ( R L )</p> <p>73590 Tibia/Fibula (2 view) ( R L )</p> <p>73610 Ankle (3 view) ( R L )</p> <p>73630 Foot (3 view) ( R L )</p> <p>73650 Heel/Calcaneus (2 view)( R L )</p> <p><b>Gastro-Urological</b></p> <p>74000 Abdomen/KUB (1 view)</p> <p>74020 Abdomen (2 view)</p> <p>Q9963 Gastrografin</p>	<p><b>ICD 10 DIAGNOSIS CODES</b></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

