



A1 MOBILE X-RAY SERVICE

TO ORDER CALL: (718) 789-1818 • FAX (718) 789-1616

MOBILE PORTABLE X-RAY ORDER FORM

DATE ___/___/___

YOUR INFORMATION:

NAME _____ D.O.B. ___/___/___ SS# _____ MALE FEMALE

ADDRESS _____ CITY _____ STATE _____ ZIP _____ PHONE (____) _____ - _____

FACILITY (IF APPLICABLE) _____ ROOM# (IA) _____ ADDRESS (IA) _____ CITY _____ STATE _____ ZIP _____

PRIMARY INSURANCE NAME _____ INSURANCE ID # _____

SECONDARY INSURANCE NAME _____ INSURANCE ID # _____

PROCEDURE: (Circle what is needed)

ABDOMEN KUB 1 view 74000 Complete 2 views 74020 Acute w/chest 3 views 74022	HAND Complete 3 views - R L 73130 HEEL Complete 2 views - R L 73650 HIP Complete 2 views - R L 73510 Bilateral 2 views (each hip) - R L73520 HUMERUS Complete 2 views - R L 73060 KNEE Limited 1 or 2 views - R L 73560 Complete 3 views - R L 73562 Complete 4 views - R L 73564 Both knees, AP standing - R L . 73565	SACRUM & COCCYX . Min. 3 views 72220 SCAPULA 2 views - R L 73010 SC JOINTS 3 views 71130 SHOULDER Complete, 2 views - R L 73030 SI JOINTS Complete, 2 views 72200 SINUSES Limited 2 or less 70210 Complete 3+ views 70220 SKULL Limited 3 views or less 70250 Complete 4 views 70260 STERNUM Complete 2 views 71120 THORACIC 3 views 72072 THORACOLUMBAR . 2 views 72080 TIBIA/FIBULA (LOWER LEG) Complete 2 views - R L 73590 TMJ Bilateral open/closed 70330 TOE # Complete min. 2 views - R L . . 73660 WRIST Complete 3 views - R L 73110
AC JOINTS W/ & W/O WEIGHTS 2 views 73050	LUMBAR Limited 2 or 3 views 72100 Complete 4 views w/obl 72110 Complete w/bending 7 views 72114 Limited w/bending 4 views 72120	INFANT X-RAY EXTREMITY Lower . 2 views 73592 EXTREMITY Upper . 2 views 73092 PELVIS & HIPS . . min. 2 views 73540 WRIST Limited 2 views - R L 73100 OTHER _____
ANKLE Limited 2 views - R L 73600 Complete 3 views 73610	MANDIBLE Limited 3 views - R L 70100 Complete 4 views 70110	
BONE AGE 1 view 77072	MASTOIDS Complete min. 3 views 70130	
BONE SURVEY . . Complete 77075	NASAL BONES . . Comp. min. 3 views 70160	
CERVICAL Limited 2 or 3 views 72040 Complete w/min. 4 views 72050 Complete w/flex & ext. 7 views 72052	NECK Soft tissue 2 views 70360	
CHEST Limited 1 view 71010 Complete 2 views 71020 Complete w/lordotic 3 views 71021 Complete 4 views 71030 Special views Decubitus 71035	ORBITS Complete 4 views 70200 MRI screening 70030	
CLAVICLE Complete 2 views - R L 73000	PELVIS Complete 1 or 2 views 72170	
ELBOW Complete 3 views - R L 73080	RIBS Unilateral 2 views 71100 3 views includes PA chest (trauma) 71101 Bilateral, 3 views 71110 4 views includes PA chest 71111	
FACIAL BONES . . Complete 3 or more views 70150		
FEMUR Complete 2 views - R L 73550		
FINGER(S) # Complete min. 2 views - R L . . 73140		
FOOT Weight bearing 2 views - R L . . 73620 Complete 3 views - R L 73630		
FOREARM Complete 2 views - R L 73090		

REQUESTING PHYSICIAN:

NAME _____ NPI# _____ FAX RESULTS TO (____) _____

INDICATE REASON FOR STUDY _____ SIGNATURE _____

FOR OFFICE USE ONLY:

TECHNICIAN _____ TECHNIQUE _____ # OF VIEWS _____

X-RAY SENT TO RADIOLOGIST _____ DATE X-RAY SENT ___/___/___ PATIENT ID # _____ # OF CD _____

NOTE TO OFFICIALS: A portable X-RAY is being ordered since this patient would find it physically and/or psychologically taxing, because of advanced age and/or physical limitations to receive X-RAY outside the home. This test is medically necessary for the diagnosis and treatment of this patient.