24/7 MOBILE RADIOLOGY SERVICES

DISPATCH: 844-990-1335
FAX ORDER TO: 855-283-1817

Order Date:____________________

❑ STAT, Please Call ❑ ROUTINE

CLIENT INFORMATION

Name: ____________________ Ordering Contact: ____________________

Phone No:____________________ Fax Report to Doctor at: ____________________

Ordering Physician: ____________________ *__Physician Signature:__ ____________________
Last, First

PATIENT INFORMATION

Name: ____________________ Phone No:____________________

Address/Facility: ____________________ City, State, Zip:____________________

D.O.B.:____________________ Gender: ____________________

INSURANCE

❑ Bill Facility OR ❑ Bill Insurance (or attach a Face-Sheet)

Medicare #____________________ Medicaid # ____________________

Other Insurance ____________________ ID#____________________ GRP # ____________________

Responsible Party Name/Address/Phone ____________________

Reason for Exam: ____________________

PROCEDURES ORDERED

CHEST / ABDOMEN	UPPER EXTREMITIES	ULTRASOUND	ELECTROCARDIOGRAM
❑ Chest AP & Lat 71020	❑ Clavicle, complete ❑ L ❑ R 73000	❑ US Thyroid/Neck 76536	❑ EKG 93000
❑ Chest AP 71010	❑ Shoulder, 1V ❑ L ❑ R 73020	❑ US Breast ❑ L ❑ R 76641	
❑ Rib, 2V ❑ L ❑ R 71100	❑ Shoulder, 2+V ❑ L ❑ R 73030	❑ US Chest 76604	**ECHOCARDIOGRAM**
❑ Rib, Bilateral, 3V 71110	❑ Humerus 2+V ❑ L ❑ R 73060	❑ US Abdominal 76700	❑ Echocardiogram 93306
❑ Abdomen, 1V 74000	❑ Elbow, 2V ❑ L ❑ R 73070	❑ US Retroperitoneal 76770	
	❑ Forearm, 2V ❑ L ❑ R 73090	❑ US Ext Non Vascular 76880	**OTHER EXAM**
HEAD & NECK	❑ Wrist, 2V ❑ L ❑ R 73100	❑ US OB Pregnant Uterus 76805	
❑ Sinuses, paranasal: <3V 70210	❑ Hand, 2V ❑ L ❑ R 73120	❑ US Pelvis (non-OB) 76856	
❑ Skull 4 views 70260	❑ Finger(s), 2+V ❑ L ❑ R 73140	❑ US Scrotum 76870	
❑ Facial Bones, <3V 70140		❑ US Testical 93975	
❑ Nasal Bones, 3+V 70160	**LOWER EXTREMITIES**	❑ US Carotid 93880	
	❑ Hip, Unil: 1V ❑ L ❑ R 73501	❑ Ankle/Brachial Index 93922	
SPINE & PELVIS	❑ Hip, complete: 2V ❑ L ❑ R 73502	❑ US Arterial LE ❑ L ❑ R 93925	
❑ Cervical, 2V or 3V 72040	❑ Femur, 2V ❑ L ❑ R 73552	❑ US Arterial UE ❑ L ❑ R 93930	
❑ Lumbrosacral, 2V 72100	❑ Knee, 1V or 2V ❑ L ❑ R 73560	❑ US Venous LE ❑ L ❑ R 93970	
❑ T-Spine, 2V 72070	❑ Tibia & Fibula, 2V ❑ L ❑ R 73590	❑ US Venous UE ❑ L ❑ R 93970	
❑ Pelvis, AP only 72170	❑ Ankle, 2V ❑ L ❑ R 73600	❑ US Vascular Retroperitoneal 93975	
	❑ Foot: 2V ❑ L ❑ R 73620	❑ Segmental Pressures Low Ext 93923	
	❑ Toe(s), 2+V ❑ L ❑ R 73660		

PORTABLE ORDER FORM *Portable exam is necessary because transporting the patient would be detrimental to the patient's wellbeing. The test is medically necessary for the diagnosis and treatment of this patient.

FOR MORE INFORMATION VISIT US AT www.hciradiology.com