SPHERE
MOBILE DIGITAL IMAGING SERVICES LLC

TO ORDER CALL:

PHONE 570-431-9721 **FAX** 570-209-5771

EMAIL spheremobilexray@gmail.com

www.spheremobilexray.com

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

AC JOINTS W/ & W/O WEIGHTS
2 views ..... ☐ 73050

ANKLE ..... Limited 2 views - **R** ☐ **L** ☐ 73600
Complete 3 views ..... ☐ 73610

BONE AGE..... 1 view ..... ☐ 77072

BONE SURVEY .. Complete ..... ☐ 77075

CERVICAL ..... Limited 2 or 3 views ..... ☐ 72040
Complete w/min. 4 views ..... ☐ 72050
Complete w/flex & ext. 7 views ..... ☐ 72052

CHEST ..... Limited 1 view ..... ☐ 71045
Complete 2 views ..... ☐ 71046
Complete w/lordotic 3 views ..... ☐ 71047
Complete 4 views ..... ☐ 71048
Special views Decubitus ..... ☐ 71035

CLAVICLE ..... Complete 2 views - **R** ☐ **L** ☐ 73000

ELBOW..... Complete 3 views - **R** ☐ **L** ☐ 73080

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

HAND..... Complete 3 views - **R** ☐ ..... ☐ 73130

HEEL..... Complete 2 views - **R** ☐ ..... ☐ 73650

HIP ..... Complete 2 views - **R** ☐ ..... ☐ 73510
Bilateral 2 views (each hip) - **R** ☐ **L** ☐ 73520

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

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

MANDIBLE ..... Limited 3 views - **R** ☐ **L** ☐ 70100
Complete 4 views..... ☐ 70110

MASTOIDS ..... Complete min. 3 views ..... ☐ 70130

NASAL BONES .. Comp. min. 3 views ..... ☐ 70160

NECK ..... Soft tissue 2 views..... ☐ 70360

ORBITS..... Complete 4 views..... ☐ 70200
MRI screening..... ☐ 70030

PELVIS ..... Complete 1 or 2 views ..... ☐ 72170

RIBS ..... Unilateral 2 views ..... ☐ 71100
3 views includes PA chest (trauma) ☐ 71101
Bilateral, 3 views ..... ☐ 71110
4 views includes PA chest ..... ☐ 71111

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

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 _____

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.