DYNAMIC
MOBILE XRAY SERVICES LLC

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MOBILE EXAM ORDER FORM

PATIENT INFORMATION:

STAT ☐

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 7402
- ☐ 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

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

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

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

Reason for study: _____

UPPER 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

Other : _____

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

Abdomen

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

Pelvic

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

Head and Neck

- ☐ Thyroid..... 76536
- ☐ Neck Soft tissue..... 76536
- ☐ RCarotid Duplex Doppler 93880

Reason for study: _____

Breast

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

Other _____

* Abdominal Ultrasounds require patient not eat or drink at least 6 Hours prior ro exam

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

CARDIAC STUDIES:

- ☐ EK G 93000
- ☐ Holter Monitor 24 HR 93228
- ☐ Echocardiogram 93306
- ☐ Pacemaker check 93293

REQUESTING PHYSICIAN:

NAME _____ NPI # _____ FAX # _____

SIGNATURE TODAYS DAT _____

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.