



Mobile Diagnostic Services

TO ORDER

PHONE (718) 789-1818 | FAX (718) 789-1616

EMAIL orders@rapidxus.com | www.rapidxus.com

MOBILE EXAM ORDER FORM

PATIENT INFORMATION:

STAT Date
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 74020
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

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

LOWER 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

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

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

Other:

Reason for study:

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

Pelvic

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

Breast

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

Other:

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

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

Abdomen

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

Head and Neck

- Thyroid 76536
Neck Soft tissue 76536
Carotid Duplex Doppler 93880

Reason for study:

CARDIAC STUDIES:

- EKG 93000 Holter Monitor 24 HR 93228 Echocardiogram 93306 Pacemaker check 93293

REQUESTING PHYSICIAN:

NAME NPI # FAX #
SIGNATURE TODAYS DATE

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.