RADIOLOGY MOBIL CENTER, INC.

15476 NW 77 ct #285, Miami Lakes, FL 33016
Ph: (954) 404-6983 - Fax (954) 893-3812

DIAGNOSTIC REQUEST FORM

LAST NAME	FIRST NAME		DATE
			1/0/1900
DATE OF BIRTH	**SOCIAL SECURITY No.**	**sex**	**AGE**
		0	
COMPLETE STREET ADDRESS			
PHONE No.	**MEDICARE No**		**MEDICAID No**
PRIVATE INS. NAME	**POLICY/MEMBER ID No.**		**PRE-AUTH/RFRL No.**

HMO'S MUST HAVE AUTHORIZATION OR REFERAL NUMBER PRIOR TO SEVICES BEEN RENDERED

REF. PHYS. COMPLETE NAME	NPI No.	PHONE No.	FAX RESULTS TO:
OFFICE STREET ADDRESS			

DO YOU PLAN TO USE THE RESULT TO PERSONALLY TREAT THE PATIENT'S CONDITION
☑ YES ☐ NO

INDICATE P.O.S.
☐ Dr. Office 11 ☐ ALF 13 ☐ Patien Home 12 ☐ Nur Home 32 ☐ Other_____

DX 1: _____ DX 2: _____ DX 3: _____ DX 4: _____

	CPT	RT	LT	59	Dx No.	
☐	74010					Abdomen antpost + obli-cone
☐	74000					Abdomen antpost 1 view
☐	74020					Abdomen comp + decub-erect
☐	74022					Abdomen comp >5 views
☐	73600					Ankle antpost 2 views
☐	73610					Ankle complete min 3 views
☐	73650					Calcaneus min 2 views
☐	71022					Chest 2 views front-lat-w/oblique
☐	71030					Chest complete min of 4 views
☐	71010					Chest frontal 1 view
☐	71020					Chest frontal-lateral 2 views
☐	71021					Chest front-lat-apical 2 views
☐	73000					Clavicle complete
☐	73070					Elbow antpost-lat 2 views
☐	73080					Elbow complete min 3 views
☐	70140					Facial bones <3 views
☐	70150					Facial bones comp min 3 views
☐	73550					Femur ant/post-lat 2 views
☐	73140					Finger(s) minimun 2 views
☐	73620					Foot ant/post-lat 2 views
☐	73630					Foot complete min 3 views
☐	73090					Forearm ant/post-lat 2 views
☐	73120					Hand 2 views
☐	73130					Hand minimun 3 views
☐	73500					Hip unilateral 1 view

	CPT	RT	LT	59	Dx No.	
☐	73510					Hip unilat comp min 2 views
☐	73520					Hips bilat min 2 views of es hip
☐	73060					Humerus min 2 views
☐	73560					Knee ant/post-lat 1 or 2 views
☐	73562					Knee ant/post-lat apical 3 views
☐	73564					Knee comp 4 or more views
☐	73565					Knees both standig ant/post
☐	70110					Mandible comp min 4 views
☐	70100					Mandible partial < 4 views
☐	70160					Nasal bones comp min 3 views
☐	72170					Pelvis antpost-lat 1 or 2 views
☐	71111					Ribs bilat postant chest 4 views
☐	71110					Ribs bilateral 3 views
☐	71101					Ribs unilat postant chest min 3 views
☐	71100					Ribs unilateral 2 views
☐	72200					Sacroiliac joints < 3 views
☐	72202					Sacroiliac joints min 3 views
☐	72220					Sacro-Coccyx min 2 views
☐	73010					Scapula complete
☐	73020					Shoulder 1 view
☐	73030					Shoulder comp min 2 views
☐	70210					Sinuses paranasal < 3 views
☐	70220					Sinuses paranasal comp min 3 views
☐	70250					Skull < 4 views
☐	70260					Skull comp min 4 views

	CPT	RT	LT	59	Dx No.	
☐	72040					Spine cervical 2 or 3 views
☐	72052					Spine cervical comp + obliq/flex
☐	72050					Spine cervical min 4 views
☐	72100					Spine lumbar 2 or 3 views
☐	72110					Spine lumbosacral min 4 views
☐	72020					Spine agt view specify level
☐	72070					Spine thoracic antpost-lat 2 views
☐	72080					Spine thoracolumbar 2 views
☐	72069					Spine thoracolumbar standing
☐	71130					Sternoclavicular joint(s) min 3 views
☐	71120					Sternum min 2 views
☐	70330					Temporomandibular open/closed bilt
☐	73590					Tibia-fibula ant/post-lat 2 views
☐	73660					Toe(s) min 2 views
☐	73100					Wrist ant/post-lat 2 views
☐	73110					Wrist complete min 3 views

☐ STAT (Check if this is a STAT request)

A: YOU MUST LINK THE DIAGNOSIS TO THE PROCEDURE ORDERED
B: YOU MUST CODE TO THE HIGHEST LEVEL OF SPECIFICITY
C:THIS ORDER MUST BE SIGN BY THE REFERING PHYSICIAN OR PRACTITIONER

Condition to warrant portable X-Ray

Phys. Signature: _____ 1/0/1900

Refering/Ordering Physician's Complete Name — DATE