



# RADIOLOGICAL SERVICE REQUEST

Phone: 404-826-XRAY (9729) • Fax: (404)975-4562

Questions or confirmation about orders email : [info@nomadxray.com](mailto:info@nomadxray.com)

NPI # 1245572403 xray  
NPI# 1861925075 ultrasound IDTF

DATE:	PATIENT NAME (LAST,FIRST, MI)	DATE OF BIRTH
PHONE:	PATIENT ADDRESS / ADDRESS OF EXAM:	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE PREGNANT <input type="checkbox"/> YES <input type="checkbox"/> NO
ORDERING FACILITY	FACILITY ADDRESS	CONTACT
	PHONE	FAX
REFERRING PROVIDER (Last, First, MI)	SIGNATURE*	MD/DO PA/NP OR OTHER :
	NPI #	*Must be included on all orders

\*\*Pregnancy disclosure has been discussed with ordering provider. Mobile Exam is requested by provider for prognosis. This test is medically necessary for the diagnosis and treatment of this patient. MedicAID Primary not accepted.

<input type="checkbox"/> MEDICARE #	<input type="checkbox"/> SELF PAY	<input type="checkbox"/> INSURANCE: <input type="checkbox"/> POLICY ID #	<input type="checkbox"/> BILL TO FACILITY
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X-RAY		
<b>CHEST</b>	<b>UPPER EXTREMITIES</b>	<b>LOWER EXTREMITIES</b>
<input type="checkbox"/> Chest (1-View) (71045) <input type="checkbox"/> Chest (2-View) (71046) <input type="checkbox"/> Uni-Lat Ribs (2-View) (71100) <input type="checkbox"/> Bi-Lat Ribs (3-View) (71110)	<input type="checkbox"/> Shoulder (2-View) (73030) <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Bi-Lat <input type="checkbox"/> Humerus (2-View) (73060) <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Bi-Lat <input type="checkbox"/> Elbow Limited (2-View) (73070) <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Bi-Lat <input type="checkbox"/> Elbow Complete (4-View) (73080) <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Bi-Lat <input type="checkbox"/> Forearm (2-View) (73090) <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Bi-Lat <input type="checkbox"/> Wrist (3-View) (73110) <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Bi-Lat <input type="checkbox"/> Hand (3-View) (73130) <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Bi-Lat <input type="checkbox"/> Fingers (3-View) (73140) <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Bi-Lat	<input type="checkbox"/> Pelvis (1-View) (72170) <input type="checkbox"/> Hip Limited (1-View) (73501) <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Bi-Lat <input type="checkbox"/> Hip Complete (2-View) (73502) <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Bi-Lat <input type="checkbox"/> Femur (2-View) (73552) <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Bi-Lat <input type="checkbox"/> Knee Limited (2-View) (73560) <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Bi-Lat <input type="checkbox"/> Knee Complete (4-View) (73564) <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Bi-Lat <input type="checkbox"/> Tibia/Fibula (2-View) (73590) <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Bi-Lat <input type="checkbox"/> Ankle (3-View) (73610) <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Bi-Lat <input type="checkbox"/> Foot (3-View) (73630) <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Bi-Lat <input type="checkbox"/> Toe(s) (3-View) (73660) <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Bi-Lat <input type="checkbox"/> Heel/Calcaneus (2-View) (73650) <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Bi-Lat
<b>SPINE</b>		
<input type="checkbox"/> Cervical Spine (2-3-View) (72040) <input type="checkbox"/> Thoracic Spine (2-3-View) (72070) <input type="checkbox"/> Lumbar Spine (2-3-View) (72100) <input type="checkbox"/> Sacrum/Coccyx (3-View) (72220)		
<b>SKULL</b>		
<input type="checkbox"/> Skull (4-View) (70250) <input type="checkbox"/> Sinuses (3-View) (70220) <input type="checkbox"/> Mandible (4-View) (70110) <input type="checkbox"/> Facial Bones (3-View) (70150) <input type="checkbox"/> Nasal Bones (3-View) (70160) <input type="checkbox"/> Orbits (4-View) (70200) <input type="checkbox"/> Neck Soft Tissue (2-View) (70360)		
<b>DIAGNOSIS /DX CPT CODES</b>		<b>GASTRO-UROLOGICAL</b>
		<input type="checkbox"/> Abdomen/KUB (1-View) (74018) <input type="checkbox"/> Abdomen (2-View) (74019)
		<b>SPECIAL VIEWS/REQUESTS</b>

ULTRASOUND	
<input type="checkbox"/> Abdomen Complete (76700)	<input type="checkbox"/> Abdomen Limited (RUQ) (76705)
<input type="checkbox"/> Ankle Brachial Index (ABI) (93922)	<input type="checkbox"/> Aortal Complete (93978)
<input type="checkbox"/> Arterial Low Ext Bi-Lat (93925)	<input type="checkbox"/> Arterial Low Ext Uni-Lat (93926)
<input type="checkbox"/> Right <input type="checkbox"/> Left	<input type="checkbox"/> Arterial Upp Ext Bi-Lat (93930)
<input type="checkbox"/> Arterial Upp Ext Uni-Lat (93931)	<input type="checkbox"/> Right <input type="checkbox"/> Left
<input type="checkbox"/> Carotid Bi-Lat (93880)	<input type="checkbox"/> Carotid Uni-Lat <input type="checkbox"/> RT <input type="checkbox"/> LT (93882)
<input type="checkbox"/> Head/Neck Thyroid (76536)	<input type="checkbox"/> OB 1st Trimester (76801)
<input type="checkbox"/> OB 2nd/3rd Tri Complete (76705)	<input type="checkbox"/> OB 2nd/3rd Tri Limited (76815)
<input type="checkbox"/> Pelvic Trans Abd (76856)	<input type="checkbox"/> Retroperitoneal (76770)
<input type="checkbox"/> Scrotum & Testes (76870)	<input type="checkbox"/> Ultrasound Chest (76604)
<input type="checkbox"/> Venous Low Ext Bi-Lat (93970)	<input type="checkbox"/> Venous Low Ext Uni-Lat (93971)
<input type="checkbox"/> Right <input type="checkbox"/> Left	<input type="checkbox"/> Venous Upp Ext Bi-Lat (93970)
<input type="checkbox"/> Venous Upp Ext Uni-Lat (93971)	<input type="checkbox"/> Right <input type="checkbox"/> Left
<input type="checkbox"/> Soft Tissue: (76870)	<input type="checkbox"/> Other US:
<b>ECHOCARDIOGRAM</b>	
<input type="checkbox"/> Complete Echo (93306)	

<b>NOTES</b> (Symptoms/Brief History/Notes to Facility)

<b>STAT EXAM:</b>	YES / NO Please only use for medical necessity!
<b>FAX or EMAIL RESULTS TO :</b>	

NOMADX, INC. - 4 EAST WASHINGTON STREET SUITES B2 & B4 -  
Newnan, GA 30263

[www.NomadXray.com](http://www.NomadXray.com)

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