APEXRAY
APEX MOBILE IMAGING

RADIOLOGICAL SERVICE REQUEST

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Phone: (702) 972-0137 • Fax: (725)712-9729 /Xray
Questions or confirmation about orders email : ***info@amidiagnostic.com***

DATE :	PATIENT NAME (LAST,FIRST, MI)	DATE OF BIRTH
PHONE:	**PATIENT ADDRESS / ADDRESS OF EXAM:**	❑ MALE ❑ FEMALE PREGNANT ❑ YES ❑ NO

ORDERING FACILITY	FACILITY ADDRESS		CONT ACT
	PHONE	FAX	EMAIL

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.

❑ MEDICARE #	❑ SELF PAY	❑ INSURANCE: ❑ POLICY ID #	❑ BILL TO FACILITY

X-RA Y

CHEST

- ❑ Chest (1-View) (71045)
- ❑ Chest (2-View) (71046)
- ❑ Uni-Lat Ribs (2-View) (71100)
- ❑ Bi-Lat Ribs (3-View) (71110)

SPINE

- ❑ Cervical Spine (2-3-View) (72040)
- ❑ Thoracic Spine (2-3-View) (72070)
- ❑ Lumbar Spine (2-3-View) (72100)
- ❑ Sacrum/Coccyx (3-View) (72220)

SKULL

- ❑ Skull (4-View) (70250)
- ❑ Sinuses (3-View) (70220)
- ❑ Mandible (4-View) (70110)
- ❑ Facial Bones (3-View) (70150)
- ❑ Nasal Bones (3-View) (70160)
- ❑ Orbits (4-View) (70200)
- ❑ Neck Soft Tissue (2-View) (70360)

UPPER EXTREMITIES

- ❑ Shoulder (2-View) (73030) ❑ Right ❑ Left ❑ Bi-Lat
- ❑ Shoulder (3-View) (73040) ❑ Right ❑ Left ❑ Bi-Lat
- ❑ Humerus (2-View) (73060) ❑ Right ❑ Left ❑ Bi-Lat
- ❑ Elbow Limited (2-View) (73070) ❑ Right ❑ Left ❑ Bi-Lat
- ❑ Elbow Complete (4-View) (73080) ❑ Right ❑ Left ❑ Bi-Lat
- ❑ Forearm (2-View) (73090) ❑ Right ❑ Left ❑ Bi-Lat
- ❑ W rist (3-View) (73110) ❑ Right ❑ Left ❑ Bi-Lat
- ❑ Hand (3-View) (73130) ❑ Right ❑ Left ❑ Bi-Lat
- ❑ Fingers (3-View) (73140) ❑ Right ❑ Left ❑ Bi-Lat

LOWER EXTREMITIES

- ❑ Pelvis (1-View) (72170)
- ❑ Hip Limited (1-View) (73501) ❑ Right ❑ Left ❑ Bi-Lat
- ❑ Hip Complete (2-View) (73502) ❑ Right ❑ Left ❑ Bi-Lat
- ❑ Femur (2-View) (73552) ❑ Right ❑ Left ❑ Bi-Lat
- ❑ Knee Limited (2-View) (73560) ❑ Right ❑ Left ❑ Bi-Lat
- ❑ Knee Complete (4-View) (73564) ❑ Right ❑ Left ❑ Bi-Lat
- ❑ Tibia/Fibula (2-View) (73590) ❑ Right ❑ Left ❑ Bi-Lat
- ❑ Ankle (3-View) (73610) ❑ Right ❑ Left ❑ Bi-Lat
- ❑ Foot (3-View) (73630) ❑ Right ❑ Left ❑ Bi-Lat
- ❑ Toe(s) (3-View) (73660) ❑ Right ❑ Left ❑ Bi-Lat
- ❑ Heel/Calcaneus (2-View) (73650) ❑ Right ❑ Left ❑ Bi-Lat

GASTRO-UROLOGICAL

- ❑ Abdomen/KUB (1-View) (74018)
- ❑ Abdomen (2-View) (74019)

DIAGNOSIS /DX CPT CODES

SPECIAL VIEWS/REQUESTS

NOTES (Symptoms/Brief History /**Notes to Facility**

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