

FAX ALL ORDERS TO (888) 511.2606

Include face sheet

STAT circle & Call if Exam is STAT!



750 E Grand Ave, Suite E

Escondido, CA 92025

Phone: (619) 802.0204

| | | | | | | | |
|-----------------|---------------|----|-------|--------|---|---|---------------|
| DATE TO BE DONE | PATIENT: LAST | MI | FIRST | ROOM # | M | F | DATE OF BIRTH |
| | | | | | | | |

ORDERING FACILITY:

FACILITY ADDRESS:

CONTACT:

PHONE: _____ **FAX:** _____

ORDERING PHYSICIAN

_____ PHONE # _____

_____ FIRST _____ LAST _____

_____ PHONE # _____

_____ **MANAGED CARE PHYSICIAN**

This patient would find it physically and / or psychologically taxing because of advanced age /or physical limitations to receive an X-RAY outside this location. This test is medically necessary for the diagnosis and treatment of this patient.

PATIENT'S SOCIAL SECURITY NUMBER

RESPONSIBLE PARTY

NAME _____

STREET _____

CITY _____ STATE _____ ZIP _____

PHONE _____

PLEASE INCLUDE COPIES OF THE INSURANCE CARDS

MEDICARE # _____

MEDICAID # _____ STATE _____

CO / OTHER INSURANCE _____

POLICY # _____

AGE 55 AND UNDER: I AM/AM NOT PREGNANT. IF YES, SHEILDING WAS USED WHEN POSSIBLE.

PT. SIGNATURE: _____

I REQUEST THAT PAYMENT OF AUTHORIZED MEDICARE AND/OR ANY INSURANCE BENEFITS BE MADE DIRECTLY TO SSB DIAGNOSTIC IMAGING GROUP AND/OR THE INTERPRETING PHYSICIAN FOR ANY SERVICES FURNISHED ME BY THAT PHYSICIAN OR SUPPLIER. I AUTHORIZE ANY HOLDER OF MEDICAL INFORMATION ABOUT ME TO RELEASE TO THE HEALTH CARE FINANCING ADMINISTRATION AND ITS AGENTS ANY INFORMATION NEEDED TO DETERMINE THESE BENEFITS PAYABLE FOR RELATED SERVICES. I also acknowledge that all services may not be covered in full by my insurance and I will pay in full any balance due to SSB DIAGNOSTIC IMAGING GROUP.

PATIENT'S SIGNATURE

MANAGED CARE PHYSICIAN

CIRCLE THE DESIRED EXAMS AND NOTE ICD 10 DIAGNOSIS CODE ALONG WITH ANY ADDITIONAL NOTES BELOW:

| | | | |
|--|---|--|--|
| <p>Chest</p> <p>71045 Chest (1 view)</p> <p>71046 Chest (2 view)</p> <p>Head & Neck</p> <p>70250 Skull (2+ view)</p> <p>70220 Sinuses (3 view)</p> <p>70110 Mandible (2+ view)</p> <p>70150 Facial Bones (3 view)</p> <p>70160 Nasal Bones (3 view)</p> <p>70200 Orbits (4 view)</p> <p>70140 Maxilla (2 view)</p> <p>Spine</p> <p>72050 Cervical (2+ view)</p> <p>72070 Thoracic (2 view)</p> <p>72100 Lumbar (3 view)</p> <p>72220 Sacrum/Coccyx (2)</p> <p>72170 Pelvis (1-3 view)</p> | <p>Upper Extremity RIGHT - LEFT</p> <p>73030 Shoulder (2 view)</p> <p>73000 Clavicle (2 view)</p> <p>73090 Forearm (2 view)</p> <p>73080 Elbow (3 view)</p> <p>73100 Wrist (2 view)</p> <p>73110 Wrist (3 view)</p> <p>73130 Hand (3 view)</p> <p>73140 Finigers (2 view)</p> <p>73060 Humerus (2 view)</p> <p>73660 Toes (2 view)</p> <p>Lower Extremity RIGHT - LEFT</p> <p>73502 Hip Unil w/Pelvis (2-3 view)</p> <p>73521 Hip Bilat</p> <p>73552 Femur (2 view)</p> <p>73562 Knee (3 view)</p> <p>73564 Knee Bilat</p> <p>73590 Tibia/Fibula (2 view)</p> <p>73610 Ankle (2+ view)</p> <p>73630 Foot (2+ view)</p> <p>73650 Heel/Calcaneus (2 view)</p> <p>Gastro-Urological</p> <p>74018 Abdomen/KUB (1 view)</p> <p>74019 Abdomen (2 view)</p> | <p>Electrocardiogram</p> <p>93005 EKG</p> <p>Interventional</p> <p>76937 U/S Guidance</p> <p>Echocardiogram (2D)</p> <p>93306 Echocardiogram</p> <p>Ultrasound</p> <p>76536 Thyroid/Neck</p> <p>76642 Breast Ultrasound Limited</p> <p>76700 Abdominal</p> <p>76770 Retroperitoneal</p> <p>76805 OB U/S</p> <p>76856 Pelvic Ultrasound</p> <p>76880 U/S Ext Non Vascular</p> <p>76870/93975 Scrotum/Testicle</p> <p>93880 Carotid Doppler</p> <p>93925 Arterial Doppler Bilat Low Ext</p> <p>93926 Arterial Lower Unilat</p> <p>93930 Arterial Doppler Bilat Upp Ext</p> <p>93931 Arterial/Unilat Upper</p> <p>93970 Venous Doppler Bilat</p> <p>93971 Venous Doppler Unilat</p> | <p>ICD 10 DIAGNOSIS CODES</p> <p>DX: _____</p> <p>DX: _____</p> <p>DX: _____</p> <p>DX: _____</p> |
|--|---|--|--|

Please Note Reason for Mobile Services :

NOTES: Symptoms / Brief History/Diagnoses:

| | | | | | | |
|------------|------|--------------------------|------------|---------|-------------|--|
| DATE TAKEN | TECH | # OF PATIENTS THIS VISIT | # OF VIEWS | CHART # | RADIOLOGIST | R0070-Transport (1 pt) R0075-Transport (>1 pt) Q0092-setup 99058-STAT exam |
|------------|------|--------------------------|------------|---------|-------------|--|