



PHONE: 903-363-9583

SAMPLE

FAX: 903-617-6208

PHYSICIAN/PRACTITIONER MEDICAL ORDER

Medical Record of Portable X-Ray Services - A copy of this record must be retained as part of the patient medical records.

Medicare requires that the medical records (nurse's notes & physician notes) corroborate with this order. Please attach any other facility order form, nurse's notes, (physician progress or H&P notes if available) for this order & the patient's face sheet

Date of Order 1-1-22 Ordering Physician/Practitioner Dr. Minnie Mouse

Facility/Nursing Home/Home: FACILITY NAME RM# 114 A

PATIENT NAME Scooby Doo DOB 1-5-37

Type of X-RAY exam(s) (area of body to be exposed) 1 Chest # Radiographs /Views 2
2. # Radiographs /Views 3. # Radiographs /Views

Symptoms/reasons for X-ray(s) Cough

PLEASE PROVIDE A STATEMENT BELOW EXPLAINING THE REASON WHY THIS PATIENT NEEDS THIS XRAY AT THEIR PLACE OF RESIDENCE INSTEAD OF AN OUTSIDE FACILITY
Example: bedridden, fall risk, debility, severe dementia, pain, possible fracture, post op recovery, SOB, advanced age or any other medical condition presenting a risk for this patient to leave home for this x-ray.

This patient needs a "PORTABLE" x-ray instead of being transported to an outside facility due to the following: SAMPLE EXPLANATION- SEE OTHER SIDE
Portable x-ray required for patient due to Alzheimers as well as weakness. No longer travels

PHYSICIAN / PRACTITIONER SIGNATURE

Printed Name NPI#

Signature of Nurse receiving above order
Lucy Lu
Printed name
Date/Time 1-1-22 @ 2:41 pm

ULTRASOUND / DOPPLER
Type of exam:
Symptoms / reason for Ultrasound / Doppler