SPEED OF LIGHT
MOBILE XRAY SERVICES
Phone: 214-360-7707
Fax: 214-360-7701
Fax: 866-875-3838

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.

Date of Order: 10/11/24 Ordering Physician/Practitioner: Dr. Porten

Referring Account: Robson Skilled Nursing Phone #: 214-222-0000 Fax #: 214-222-0001

Patient Name: John Doe DOB: 01/01/1951 POC Phone #: 214-293-2222

Secondary Phone#: 214-293-3333 Patient Social Security #: 123-45-6789

Patient/Facility Address: 100 Smith Dr. RM# 100

City: Dallas State: TX Zip: 75238

Primary Insurance: Medicare

Policy Number: 123456789 Group Number:

Secondary Insurance:

Policy Number: Group Number:

	Type of X-RAY exam(s) (area of body to be exposed)	# Radiographs/Views
1	X-ray right foot	2 v AP/LAT
2		
3		
4		

Symptoms/reasons for X-ray(s) pain and swelling

STAT: ☐ Routine: ■ Special Instructions:

Ultrasound/Doppler: Type of Exam: Symptom/Reason for Exam:

Please provide a statement below explaining the reason WHY THIS PATIENT NEEDS THIS X-RAY AT THEIR place of residence INSTEAD OF AN OUTSIDE FACILITY. This patient needs a "PORTABLE" x-ray instead of being transported to an outside facility due to the following:

Patient is weak and in pain, transporting to outside clinic would further exacerbate symptoms and put patient at risk.

Physician/Practitioner Signature: Danielle Porten NPI# 123456789

Person Submitting Order: Carrie Robson Phone #: 214-360-7707

Medical Record Attestation Acknowledgement I understand that the medical record for the date of service on this order is accurately documented and notated by the ordering provider at the time of treatment. The information in this document is true and complete to the best of my knowledge. Per federal regulations 42 CFR §486.106 and §410.32 I acknowledge that I am in compliance with medical records pertaining to ordering portable x-rays.

Physician/Practitioner Signature: Danielle Porten