

Communication Note for Portable X-Ray Supporting Medical Necessity

Patient Name

Order Date

Physician/Provider

Reason for Exam

Signature

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.