



LUBBOCK
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**PORTABLE X-RAY
 ORDER FORM**

24/7 COVERAGE

PATIENT NAME		REQUESTED TIME AND DATE OF SERVICE
ADDRESS		SPECIAL INSTRUCTIONS
CITY, STATE & ZIP		MEDICARE NO.
PHONE		MEDICAID NO.
PATIENT DOB	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	PRIVATE INSURANCE CO.
SSN		POLICY NO.
ORDERING DOCTOR'S NAME		ORDERING DOCTOR'S NPI
ORDERING DOCTOR'S PHONE		ORDERING DOCTOR'S FAX
COMMUNITY NAME		COMMUNITY PHONE/FAX

Digital Portable X-Ray (Speed of Light)

Body Part	Views	ICD 10	Body Part	Views	ICD 10
Abdomen (KUB)	1	R10.84, K59.09	Bilateral Hips/Pelvis <input type="checkbox"/> L <input type="checkbox"/> R	5	M25.551, M25.552
Ankle AP/Lat <input type="checkbox"/> L <input type="checkbox"/> R	2	M25.571, M25.572	Humerus <input type="checkbox"/> L <input type="checkbox"/> R	2	M79.622, M79.621
Ankle (Complete) <input type="checkbox"/> L <input type="checkbox"/> R	3	M25.571, M25.572	Mandible	3	R68.84
Chest	1 2	I59.9, R07.8, IJ13, R05	Nasal Bones	3	R09.81
Clavicle		S42.0, M25.512, M25.511	Skull	3	R51
Elbow <input type="checkbox"/> L <input type="checkbox"/> R	2 3	M25.521, M25.522	Knee <input type="checkbox"/> L <input type="checkbox"/> R	2 3	M25.561, M25.562
EKG		R07.89	Pelvis	1	R10.2
Foot <input type="checkbox"/> L <input type="checkbox"/> R	2 3	M79.671, M79.672	Ribs Unilateral / Bilateral	2 3	R07.81
Femur AP/Lat <input type="checkbox"/> L <input type="checkbox"/> R	2	M79.651, M79.652	Shoulder <input type="checkbox"/> L <input type="checkbox"/> R	2	M25.511, M25.512
Forearm <input type="checkbox"/> L <input type="checkbox"/> R	2	M79.632, M79.631	Spine Cervical / Lumbar / Thoracic	2	M54.2, M54.5, M54.6
Facial Bones	1	S02.92XA	Sacrum / Coccyx	2	M53.3
Foot 2 Views <input type="checkbox"/> L <input type="checkbox"/> R	2	M79.671, M79.672	Sinus Series	3	R51
Foot 3 Views <input type="checkbox"/> L <input type="checkbox"/> R	3	M79.671, M79.672	Tibia / Fibula <input type="checkbox"/> L <input type="checkbox"/> R	2	M79.661, M79.662
Hand <input type="checkbox"/> L <input type="checkbox"/> R	3	M79.641, M79.642, M79.643	Toes <input type="checkbox"/> L <input type="checkbox"/> R	2	M79.675, M79.674
Hip <input type="checkbox"/> L <input type="checkbox"/> R	1 2 5	M25.551, M25.552	Wrist <input type="checkbox"/> L <input type="checkbox"/> R	3	M25.531, M25.532
Hip AP/Lat/Pelvis <input type="checkbox"/> L <input type="checkbox"/> R	2	M25.551, M25.552	Other X ray		

Note to Officials: A portable x-ray is being ordered since this patient would find it physically and/or psychologically taxing, because of advanced age and physical limitations to receive the x-ray outside the home. This test is medically necessary for the diagnosis and treatment of the patient.

Please check reason for portable x-ray order:

<input type="checkbox"/> Homebound no transportation	<input type="checkbox"/> Non ambulatory	<input type="checkbox"/> Travel would be a medical risk	<input type="checkbox"/> Dementia altered mental status	<input type="checkbox"/> Unsteady Gait Hx of multiple falls
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Physician's Signature: _____ **Date:** _____

Additional Testing / ICD 10 Codes
