



Mobile X-Ray & EKG Request Form

Phone: (602) 249-4790 Fax: (602) 241-1711

Email: DispatchAZ@pmdxray.com

1600 W. Broadway Rd., Ste 155, Tempe AZ 85282

FOR COMPLETION BY NURSING STAFF PRIOR TO SERVICE

DATE STATION RM/BED STAT

NAME PHONE

FAX REPORT TO #

FUTURE DATE

FACILITY NAME/AGENCY

TYPE OF X-RAY NEEDED

PATIENT INFORMATION:

NAME (Last) (First) (M) (F)

SSN D.O.B.

PRIMARY PHYSICIAN PHONE

ORDERING PHYSICIAN PHONE

\*Physician's Signature

\*Required by Medicare

For Residences & Foster Care Homes Only

ADDRESS

CITY/STATE/ZIP PHONE

BILLING INFORMATION Bill Insurance Bill Facility

Medicare # Medicaid #

Other Insurance

Address

ID# GRP. #

Responsible Party Name/Address/Phone

SPECIAL INSTRUCTIONS:

Preliminary Results table with Call/Faxed to, Time/Date, and am/pm fields.

FOR MOBILE PROVIDER USE ONLY

EKG EKG HEIGHT WEIGHT BLOOD PRESSURE CARDIAC MEDS

REASONS FOR EXAM

- Congestion/Rales, Abn. Bowel Sounds, Abn. Heart Rate, Abnormal Sputum, Abn. Weight Gain, Ab. Weight Loss, Airway Obst/COPD, Constipation, Cough, Cough w/Blood, Cardiac Murmur, Diarrhea, Distention, Dyspnea, Dysphagia/Verify NG, Edema, Fever, Nausea, Vomiting, Oxygen Saturation, Palpitations, Positive PPD, Resp. Distress, SOB, Wheezing

SPECIFIC ICD-10 CODE(s):

OTHER:

PAIN

Specific Location(s) #1 #2 #3 #4

CD FILM COPY

Need Date/Time:

LUNGS/THORACIC

- Chest, 1V, Chest, 4+V, Chest, 2V, Chest, 3V, Ribs, Unil, 3+V L R, Ribs, Unil, 2V L R, Ribs, Bil, 4+V, Ribs, Bil, 3V, Sternum, 2+V, Employee Chest

ABDOMEN

- Abdomen, 1V (KUB), Abdomen, 2V, Abdomen, 3V

SPINE

- Cervical Spine, 2V, Cervical Spine, 4+V, Lumbosac. Spine, 2V, Lumbosac. Spine 3V, Thoracic Spine, 2V, Thoracolumbar, 2V, Spine, 1V, Sacroiliac Jnts. 3+V, Sacrum & Coccyx, 2+V

UPPER EXTREMITIES

- Clavicle, 2V L R, Shoulder, 1V L R, Shoulder, 2+V L R, Scapula, 2V L R, Elbow, 2V L R, Elbow, 3+V L R, Finger(s) 2+V L R, Forearm, 2V L R, Hand, 2V L R, Hand, 3+V L R, Humerus, 2+V L R, Wrist, 2V L R, Wrist, 3+V L R

EKG

- EKG With Interpretation, EKG, no interpretation

PELVIS/ LOWER EXTREMITIES

- Pelvis, 1V, Pelvis, 3+V, Hips, Bila.: 2R, 2L, 1Pel., Hip, Unilat, 1V L R, Hip, Unilat, 2+V L R, Femur, 2V L R, Knee, 4+V L R, Knee, 2V L R, Knee, 3V L R, Tibia & Fibula, 2V L R, Ankle, 2V L R, Ankle, 3+V L R, Toes, 2+V L R, Foot, 2V / 3V L R, Calcaneus, 2+V L R

SKULL / FACIAL/SINUSES

- Facial Bones, 1-2V, Facial Bones, 3+V, Sinuses, 3+V, Sinuses, 1-2V, Skull, 4+V, Skull, 1-3V, Orbits, 4+V, Mandible, 4+V, Mandible, 1-3V, Nasal Bones, 3+V

OTHER EXAMS:

MOBILE X-RAYS:

- Portable X-Ray Setup, Transportation, 1 pt. 1 loc., Transportation, 2 pt., 1 loc., Transportation, 3 pt., 1 loc., Transportation, 4 pt., 1 loc., EKG only transportation, After Hours call

TECH:

ARR TIME: am pm

DEP TIME: am pm