



PACIFIC MOBILE

diagnostics

MOBILE ULTRASOUND SERVICES

7230 Gilpin Way, Ste 200
Denver, CO 80229
Dispatch (303) 296-1900
Fax (303) 296-1901

Date Ordered: ___/___/___
Date Scheduled: ___/___/___
Date Completed: ___/___/___

DATE STATION

Your Name

Your PHONE # FAX #

FACILITY NAME/AGENCY

BILLING INFORMATION Bill Insurance Bill Facility

Medicare # Medicaid #

Other Insurance Name

Address City State Zip

ID # Group #

Responsible Party Name

Address City State Zip

Type of Ultrasound Exam being Ordered:

Name: (Last) (First) Bed / Room Male / Female

SSN: DOB:

For Residences & Care Homes

Patient Phone #

Address:

City State Zip

Ordering Clinician: Phone:

*Clinician's Signature:

Table with 5 columns: Symptoms ABDOMINAL, Symptoms VASCULAR, Symptoms RENAL, Symptoms ARTERIAL, Echocardiogram For PMD Tech Use Only. Contains various medical symptoms and exam codes.

For PMD Technologist Use Only

- Exam Not Completed
Facility Cancelled
Patient Not Available
Patient Refused
Patient Uncooperative
System Failure

Notes:
Positive Exam Signature:

Tech Name Study Date / Time
Exam # of Views # of Retakes
Transport Single (R0070) Multi (R0075) # of Patients

- 76604 Ultrasound Chest
93970 Venous Upper Extr Bilat.
93970 Venous Lower Extr Bilat
93971 Venous Upper Extr Uni (Lt. / Rt.).
93971 Venous Lower Extr Uni (Lt. / Rt.)
Other :