



Mobile X-Ray & EKG Request Form Dispatch
Phone: (619) 266-1632 Fax: (949) 268-9445
Email: dispatchsd@tcdxray.com
3745 W Caldwell, STE C, Visalia, CA 93277

Date Ordered:
Date Scheduled:
Date Completed:

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

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

Call/Faxed to: Time/Date: : am/pm / /

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