

**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 \_\_\_\_\_ M F  
(Last) (First) (M)

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:** \_\_\_\_\_

<b>Preliminary Results</b>	
<b>Call/Faxed to:</b> _____	<b>Time/Date:</b> _____ : _____ 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