



Mobile X-Ray & EKG Request Form Dispatch
 Phone: (559) 734-0822 Fax: (559) 734-4383
 Email: DispatchNorCal@pmdxray.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 _____ 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: _____

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