YUMA MOBILE
X-RAY
3788 S 4th Ave, Ste D1
Yuma, AZ 85365
Arizona Mobile Medical Diagnostic LLC

X-Ray Requisition Form

Tel: 1-844-469-7291
Fax: 1-928-366-1078
www.yumamobilexray.com

Last Name _____ Date: _____

First Name _____

Date of Birth _____ Sex ☐M ☐F

Address _____

Apt _____ City _____ State AZ Zip _____

Phone # (_____) _____

Cell # (_____) _____

Medicare Part B# _____

Agency _____

Physician _____

NPI _____

Nurse _____

Specify reason patient can't go to an OP radiology facility: _____

Hospice: ☐N ☐A Insurance/HMO/PPO/Responsible Party

Name _____

ID # _____ Group # _____

Address _____

Phone # (_____) _____

I acknowledge that this physician's order is documented in the patient's chart at this agency and is available for Yuma Mobile X-Ray. This portable exam is needed as the patient would find physically or psychologically strenuous due to age or physical limitations.

Signature _____

Portable X-Ray Procedures

HEAD/NECK

☐Eye "detection of foreign body"	(70030)	In ☐	Lt ☐	Both ☐	
☐Orbits Complete, 4 Views	(70200)				
☐Mandible Complete, 4 Views	(70160)				
☐Facial Bones Complete, 3 Views	(70190)				
☐Nasal Bones Complete, 3 Views	(70160)				
☐Sinuses, Paranasal Complete, 3 Views	(70210)				
☐Skull Complete, 4 Views	(70260)				
☐Teeth Complete, Full Mouth	(70310)				
☐Temporomandibular Joint, Unilateral	(70328)	In ☐	Lt ☐		
☐Temporomandibular Joint, Bilateral	(70330)				
☐Other Views: _____					

CHEST/RIBS

☐Chest Single View	(71045)				
☐Chest 2 Views	(71046)				
☐Ribs Unilateral, 3 Views	(71100)	In ☐	Lt ☐		
☐Ribs Bilateral, 3 Views	(71101)				
☐Sternum, 2 Views	(71120)				
☐Sternoclavicular Joint, 3 Views	(71101)	In ☐	Lt ☐	Both ☐	
☐Other Views: _____					

SPINE

☐Cervical Spine, 3 Views	(72040)				
☐Abdomen Supine & Erect	(74000)				
☐Lumbar Spine	(72100)				
☐Sacrum & Coccyx, 2 Views	(72200)				
☐Sacroiliac Joint, 3 Views	(72202)	In ☐	Lt ☐	Both ☐	
☐Other Views: _____					

UPPER EXTREMITIES

☐Clavicle, 2 Views	(73000)	In ☐	Lt ☐	Both ☐	
☐Scapula, 2 Views	(73010)	In ☐	Lt ☐	Both ☐	
☐Shoulder Complete, 2 Views	(73030)	In ☐	Lt ☐	Both ☐	
☐Acromioclavicular Joint Bilateral, 2 Views	(73050)				
☐Humerus, 2 Views	(73060)	In ☐	Lt ☐	Both ☐	
☐Elbow, 3 Views	(73070)	In ☐	Lt ☐	Both ☐	
☐Forearm, 2 Views	(73090)	In ☐	Lt ☐	Both ☐	
☐Wrist Complete, 3 Views	(73100)	In ☐	Lt ☐	Both ☐	
☐Hand, 3 Views	(73120)	In ☐	Lt ☐	Both ☐	
☐Finger(s), 2 Views	(73140)	In ☐	Lt ☐	Both ☐	
☐Other Views: _____					

LOWER EXTREMITIES

☐HIP Unilateral, 2 Views	(73502)	In ☐	Lt ☐		
☐Hip Bilateral, 3 Views	(73521)				
☐Femur, 2 Views	(73550)	In ☐	Lt ☐	Both ☐	
☐Knee Complete, 4 Views	(73560)	In ☐	Lt ☐	Both ☐	
☐Tibia & Fibula, 2 Views	(73590)	In ☐	Lt ☐	Both ☐	
☐Ankle Complete 3 Views	(73600)	In ☐	Lt ☐	Both ☐	
☐Foot Complete, 3 Views	(73630)	In ☐	Lt ☐	Both ☐	
☐Heel, 2 Views	(73650)	In ☐	Lt ☐	Both ☐	
☐Toes, 2 Views	(73660)	In ☐	Lt ☐	Both ☐	
☐Other Views: _____					

ABDOMEN & PELVIS

☐Abdomen, 1 View	(74018)				
☐Abdomen, 2 Views	(74019)				
☐Pelvis, 1 View	(72200)				
☐Other Views: _____					

SYMPTOMS / ICD Codes _____

Fax Report to _____ Phone # _____

Comments: _____

Procedure Status: Tech ID/Int. _____ Performed __ __/__ __/__ __ Time __ __:__ __ By _____

Report Status: Phoned / Faxed Date Faxed __ __/__ __/__ __ Time __ __:__ __ To _____

Fax orders to: 1-928-366-1078