



# Emergency Mobile Radiology

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We do not Compete, We serve  
 Portable X-ray Service at Home  
 Servicio De Radiografía Portatil En Su Casa

PLEASE PRINT CLEARLY! Date Requested \_\_\_\_\_ NON-STAT  STAT  GENDER: F  M

PATIENT INFO		Referring Physician	
F Name	DOB	First Name	
Last Name		Last Name	
Primary Insurance		Tel.	
Insurance ID		Fax	
Secondary Insurance		NPI	
Insurance ID		E-mail	
Tel-1	Tel-2	Physician's signature	
Facility/Address			
Name	Address 1	Address 2	
City	State	Zip Code	

Physician's signature is on file and if not please sign here: \_\_\_\_\_

## X-RAYS (Please check the specific body part to be examined) and EKGs

CHEST	Code	LOWER EXTREMITIES	Code	UPPER EXTREMITIES	Code
<input type="checkbox"/> Chest 1 View	71045	<input type="checkbox"/> Bi-lateral Hip	73523	<input type="checkbox"/> Clavicle 2V L <input type="checkbox"/> R <input type="checkbox"/>	73000
<input type="checkbox"/> Chest 2 Views	71046	<input type="checkbox"/> Hip w/pelvis L <input type="checkbox"/> R <input type="checkbox"/>	73501	<input type="checkbox"/> Scapula L <input type="checkbox"/> R <input type="checkbox"/>	73010
<input type="checkbox"/> Chest 3 Views	71047	<input type="checkbox"/> Femur 2V L <input type="checkbox"/> R <input type="checkbox"/>	73552	<input type="checkbox"/> Shoulder 3V L <input type="checkbox"/> R <input type="checkbox"/>	73030
<input type="checkbox"/> Chest 4 Views	71048	<input type="checkbox"/> Knee 3V L <input type="checkbox"/> R <input type="checkbox"/>	73560	<input type="checkbox"/> Humerus 2V L <input type="checkbox"/> R <input type="checkbox"/>	73060
<input type="checkbox"/> Ribs L <input type="checkbox"/> R <input type="checkbox"/>	71100	<input type="checkbox"/> Tibia Fibula 2V L <input type="checkbox"/> R <input type="checkbox"/>	73590	<input type="checkbox"/> Elbow 3V L <input type="checkbox"/> R <input type="checkbox"/>	73080
<input type="checkbox"/> Ribs Bilateral	71110	<input type="checkbox"/> Pelvis 1V	72170	<input type="checkbox"/> Forearm 2V L <input type="checkbox"/> R <input type="checkbox"/>	73090
<input type="checkbox"/> Sternum	71120	<input type="checkbox"/> Ankle 3V L <input type="checkbox"/> R <input type="checkbox"/>	73610	<input type="checkbox"/> Wrist 3V L <input type="checkbox"/> R <input type="checkbox"/>	73110
		<input type="checkbox"/> Foot 3V L <input type="checkbox"/> R <input type="checkbox"/>	73630	<input type="checkbox"/> Hand 3V L <input type="checkbox"/> R <input type="checkbox"/>	73130
		<input type="checkbox"/> Heel 2V L <input type="checkbox"/> R <input type="checkbox"/>	73650	<input type="checkbox"/> Fingers 2-3V L <input type="checkbox"/> R <input type="checkbox"/>	73140
		<input type="checkbox"/> Toes 2-3V L <input type="checkbox"/> R <input type="checkbox"/>	73660		

  

HEAD AND NECK	Code	SPINE AND PELVIS	Code	ABDOMEN	Code
<input type="checkbox"/> Nasal Bones 3V	70160	<input type="checkbox"/> Thoratic 2V	72070	<input type="checkbox"/> KUB/ABDOMINAL	74018
<input type="checkbox"/> Sinuses 3V	70220	<input type="checkbox"/> Cervical 3V	72040	<input type="checkbox"/> Obstructive Series	
<input type="checkbox"/> Skull	70260	<input type="checkbox"/> Lumbar 2-3V	72100	CARDIOLOGY	Code
<input type="checkbox"/> Facial Bones 3V	70150	<input type="checkbox"/> Lumbar 4V	72110	<input type="checkbox"/> EKG	93010
<input type="checkbox"/> Orbit 4V	70200	<input type="checkbox"/> Sacroiliac 2-3V	72082	<input type="checkbox"/> Rhythm	93042
<input type="checkbox"/> Mandible 4V	70110	<input type="checkbox"/> Sacrum & Coccyx 2V	72220		
<input type="checkbox"/> Zygoavch 2-3V	70140				

## Ultrasound Examination

VENOUS DUPLEX WITH DOPPLER	ABDOMINAL SURVEY	Code	ULTRASOUND EXAM PREPARATION
<input type="checkbox"/> Right Leg 93971	<input type="checkbox"/> Complete Abdominal ATT:	76700	<input type="checkbox"/> <b>Abdominal Survey:</b> OK to drink water. No eating for 4 to 6 hours prior to exam
<input type="checkbox"/> Left Leg 93971	<input type="checkbox"/> Aorta Duplex	93978	
<input type="checkbox"/> Right Arm 93971	<input type="checkbox"/> Renal	76770	<input type="checkbox"/> <b>Pelvic / Bladder:</b> OK to drink water. Drink 4 to 8 glasses of water prior to exam even if ordered with abdominal ultrasound
<input type="checkbox"/> Left Arm 93971	<input type="checkbox"/> Bladder	76775	
ARTERIAL DUPLEX WITH DOPPLER	<input type="checkbox"/> Renal Artery	93975	
<input type="checkbox"/> Right Leg 93926	<input type="checkbox"/> Echocardiography	93306	
<input type="checkbox"/> Left Leg 93926	<input type="checkbox"/> Holter Monitor (24hrs- 7days)	93224	
<input type="checkbox"/> Right Arm 93931			
<input type="checkbox"/> Left Arm 93931			
<input type="checkbox"/> Both Lags 93970			
<input type="checkbox"/> Both Arms 93970			
<input type="checkbox"/> Both Lags 93925			
<input type="checkbox"/> Both Arms 93930			
<input type="checkbox"/> CAROTID DUPLEX		93880	
<input type="checkbox"/> THYROID		76536	
<input type="checkbox"/> MISC TEST (soft tissue hand, leg, arm)		76882	

REASON FOR EXAM / DIAGNOSIS CODE: \_\_\_\_\_

I authorize the release of any medical information necessary to process this claim.

Signature \_\_\_\_\_ Date \_\_\_\_\_