United Diagnostic Services

A Division of SMS Medical

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MOBILE EXAM ORDER FORM

PATIENT INFORMATION

PATIENT NAME- LAST	FIRST			MIDDLE INITIAL
SOCIAL SECURITY NO.	DATE OF BIRTH			SEX ☐ MALE ☐ FEMALE
PATIENT / INSURED ADDRESS	CITY	STATE	ZIP CODE	PHONE NUMBER
NAME OF INSURED	SS # OF INSURED			RELATIONSHIP TO PATIENT

BILL TO ☐ PATIENT ☐ MEDICARE ☐ MEDICAID ☐ OTHER INSURANCE *(Attach Copy of Both Sided Card)*

PRIMARY INS NAME	MEMBER ID	SECONDARY INS NAME	MEMBER ID
MD NAME	MD SIGNATURE		MD NPI
CLINIC / FACILITY NAME	PHONE	FAX	

X-RAYS: (Mark what is needed)

CHEST AND ABDOMEN

☐ Abdominal KUB 1 View	74018
☐ Abdominal Flat & Upright 2 View	74020
☐ Chest 1 View	71045
☐ Chest AP / LAT	71046
☐ Ribs 2 View ☐ (R) ☐ (L)	71100
☐ Ribs UNILATERAL + PA Chest 3 View	71101
☐ Ribs BILATERAL + PA Chest 4 View	71111

HEAD AND NECK

☐ Skull	70250
☐ Facial Bones 3 View	70150
☐ Orbits 4 View	70200
☐ Nasal Bones 3 View	70160
☐ Mandible ☐ (R) ☐ (L)	70100
☐ Sinuses	70210

UPPER EXTREMITIES

☐ Clavicle 2 View	☐ (R)	☐ (L)	73000
☐ Scapula 2 View	☐ (R)	☐ (L)	73010
☐ Shoulder 2 View	☐ (R)	☐ (L)	73030
☐ Humerus 2 View	☐ (R)	☐ (L)	73060
☐ Elbow 3 View	☐ (R)	☐ (L)	73080
☐ Forearm 2 View	☐ (R)	☐ (L)	73090
☐ Wrist 3 View	☐ (R)	☐ (L)	73110
☐ Hand 3 View	☐ (R)	☐ (L)	73130
☐ Fingers 2 View	☐ (R)	☐ (L)	73140

SPINE AND PELVIS

☐ Cervical Spine AP / LAT	72040
☐ Thoracic Spine 3 View	72072
☐ Lumbar Spine 2-3 View	72100
☐ Pelvis 1-2 View	72170
☐ Sacrum Coccyx	72220

LOWER EXTREMITIES

☐ HIP BILATERAL 4 View			73520
☐ HIP AP / LAT	☐ (R)	☐ (L)	73501
☐ Femur 2 View	☐ (R)	☐ (L)	73550
☐ Knee 1-2 View	☐ (R)	☐ (L)	73560
☐ Knee 3 View	☐ (R)	☐ (L)	73562
☐ Tibia / Fibula 2 View	☐ (R)	☐ (L)	73590
☐ Ankle 3 View	☐ (R)	☐ (L)	73160
☐ Foot 3 View	☐ (R)	☐ (L)	73630
☐ Heel 2 View	☐ (R)	☐ (L)	73650
☐ Toes 2 View	☐ (R)	☐ (L)	73660

☐ OTHER

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REASON FOR STUDY

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Ultrasounds: (Mark what is needed)

Vascular Studies (Rule out DVT ☐)

☐ Venous Upper	☐ (Bilat)	☐ (R)	☐ (L)	93970/93971
☐ Venous Lower	☐ (Bilat)	☐ (R)	☐ (L)	93970/93971
☐ Arterial Upper	☐ (Bilat)	☐ (R)	☐ (L)	93930/93931
☐ Arterial Lower	☐ (Bilat)	☐ (R)	☐ (L)	93925/93926
☐ Arterial with Ankle-Brachial Index (ABI)				93922

Abdomen

☐ Complete Abdominal *	76770
☐ AORTA / AAA	76706
☐ Renal	76770
☐ Bladder **	76857

Pelvic

☐ Pelvic **	76856
☐ Pelvic Non-OB **	76856
☐ Testicular / Scrotum	76870
☐ Soft Tissue Groin	76882

Head and Neck

☐ Thyroid	76536
☐ Neck Soft tissue	76536
☐ Carotid Duplex Doppler	93880

BREAST

☐ Breast ☐ (Bilat) ☐ (R) ☐ (L) 76642/76641

☐ OTHER

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* Abdominal Ultrasounds require patient not eat or drink at least 6 Hours prior to exam

** Pelvic Ultrasounds require the patient to have a full urinary bladder.

CARDIAC STUDIES:

☐ EKG	93000	☐ Echocardiogram	93306

PREGNANCY DISCLAIMER:	PATIENT'S SIGNATURE	DATE
To the best of my knowledge, I am not currently pregnant and authorize United Diagnostic Services, Inc to perform X-Ray/IDTF procedure(s). I understand that exposure to x-rays can be harmful to an unborn fetus.		

****To order Portable Diagnostic Services, the requester must provide us the Prescribing Physician's Signed Order by Fax or E-mail****

All diagnostic services are provided in partnership by United Diagnostic Services, LLC