



REQUEST FOR EXAM
PLEASE PROVIDE PATIENT DEMOGRAPHICS
FAX to (817) 394-1801 or EMAIL to dispatch@cmmsxray.com
TOLL FREE: (877) 304-2667 PHONE: (512) 392-4411

(PLEASE PRINT OR TYPE)

Ordering Agency:

Patient's Name:		Date of Exam:	
Sex: M F	DOB:	SSN:	
Street address:			
City:	State:	ZIP Code:	Phone no.:
INSURANCE:		Ordering Physician:	
MCARE no.:		Contact Person:	
MCAID no.:		Call Report no.:	
Hospice Info:		Fax Report no.:	
DX/OR REASON FOR EXAM:			
Physician Signature:		REASON FOR PORTABLE X-RAY:	

<i>X</i>	<i>CPT</i>	<i>PROCEDURE</i>	<i>X</i>	<i>CPT</i>	<i>PROCEDURE</i>
	71045	1V CXR		73552	2V FEMUR RT OR LT
	71046	2V CXR		73560	2V KNEE RT OR LT
	72040	2V CERVICAL		73590	2V TIBIA/FIBULA RT OR LT
	72070	2V THORACIC		73610	3V ANKLE RT OR LT
	72100	2V LUMBAR		73630	3V FOOT RT OR LT
	71100	2V RIBS RT OR LT		73650	2V HEEL RT OR LT
	71110	3V RIBS (Bilat)		73660	3V TOES RT OR LT
	71101	UNI RIBS & CXR		73030	2V SHOULDER RT OR LT
	71111	BILAT RIBS & CXR		73000	2V CLAVICLE RT OR LT
	70100	4V MANDIBLE		73010	2V SCAPULA RT OR LT
	74018	1V ABDOMEN		73060	2V HUMERUS RT OR LT
	74019	2V ABDOMEN		73090	2V FOREARM RT OR LT
	72220	2V SACRUM/COCCYX		73070	2V ELBOW RT OR LT
	72170	1V PELVIS		73130	3V HAND RT OR LT
	73501	1V UNI HIP W/WO PELVIS		73120	HAND LESS THAN 3V RT OR LT
	73502	2/3V UNI HIP W/WO PELVIS		73110	3V WRIST RT OR LT
	73503	4V OR MORE UNI HIP W/WO PELVIS		73140	2V FINGER RT OR LT
	73521	2V BILAT HIPS W/WO PELVIS		70150	3V FACIAL
	73522	3/4V BILAT HIPS W/WO PELVIS		70160	3V NASAL
	73523	5V OR MORE BIL HIPS W/WO PELVIS		70250	3V SKULL
	73551	1V FEMUR RT OR LT		70210	SINUS LESS THAN 3V
	93000	EKG		70220	3V SINUS

HOSPICE RELATED EXAM: YES NO **HOSPICE DIAGNOSIS:** _____ **STAT EXAM:** YES NO
(SELECT ONLY ONE) **(REQUIRED IF "YES")**

Note to officials: A portable x-ray/EKG is being ordered since this patient would find it physically and/or psychologically taxing, because of advanced age and physical limitations to receive x-ray/EKG outside the home. This test is medically necessary for the diagnosis and treatment of the patient. This contains confidential, privileged information intended only for CMMS. Any unauthorized disclosure is a violation of state and federal laws.