MOBILE X-RAY OF LOUISIANA

2431 S. Acadian Thruway, Suite 100, Baton Rouge, LA 70808

(888) 931-0099
Answering Service

FACILITY NAME _____ *Date:*_____

Office Use Only
skilled | direct | non-skilled | hospice

Patient's First Name | Middle Initial | Last Name | Date of Birth | Sex | Room/Floor

Social Security # | Medicare # | Medicaid #

Responsible Party | Address | City/State | Zip Code | Phone

Additional Ins. Info. | Policy #

STAFF
Ordering MD, NP _____ **PATIENT WEIGHT** _____**INITIALS:**_____

Documentation as to why patient is unable to leave facility safely and portable x-ray service is medically necessary:

- ❑ Medically unstable; cannot be transported
- ❑ Extreme weakness; cannot be transported
- ❑ High risk for fall; cannot be transported
- ❑ Current medications put patient at risk; cannot be transported
- ❑ Severe pain; cannot be transported
- ❑ Confused and/or demented; cannot be transported
- ❑ Bed ridden; cannot be transported
- ❑ Physically and/or mentally handicapped; cannot be transported
- ❑ Other _____

PORTABLE PROCEDURES REQUESTED

Please Mark Each Clearly

74018	Abdomen 1 View		
71045	Chest 1 View		
71100	Ribs Unilateral 2 Views	Left	Right
71101	Ribs w/Chest Uni 3 View	Left	Right
71110	Ribs Bilateral 3 Views		
71111	Ribs w/Chest Bil 4 View		
73610	Ankle 3 Views	Left	Right
73000	Clavicle 2 Views	Left	Right
73070	Elbow 2 Views	Left	Right
70150	Facial 3 Views		
73552	Femur 2 Views	Left	Right
73140	Finger(s) 3 Views	Left	Right
73630	Foot 3 Views	Left	Right
73090	Forearm 2 Views	Left	Right
73130	Hand 3 Views	Left	Right
73650	Heel 2 Views	Left	Right
73502	Hip Unilateral 2 Views	Left	Right
73522	Hip Bilateral 2 Views		
72170	Pelvis 1 View		
73060	Humerus 2 Views	Left	Right
73560	Knee 2 Views	Left	Right
70160	Nose 2 Views		
72220	Sacrum/ Coccyx 2 Views		
73030	Shoulder 2 Views	Left	Right
70220	Sinuses 2 Views		
70250	Skull 2 Views		
72040	Spine Cervical 2 Views		
72100	Spine Lumbar 2 Views		
72070	Spine Thoracic 2 Views		
73590	Tibia/Fibula 2 Views	Left	Right
73660	Toe(s) 3 Views	Left	Right
73110	Wrist 3 Views	Left	Right

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MD / NP Signature

DIAGNOSIS / SYMPTOM(S)

Please Mark ALL That Apply

R14.0	Abdomen Distention	R05	Cough
R10.9	Abdominal Pain	R06.02	SOB
R11.0	Nausea	R07.9	Chest Pain
R11.10	Vomiting	R09.89	Chest Congestion
R19.7	Diarrhea	R09.02	Hypoxemia
K59.00	Constipation	R00.0	Tachycardia
Z97.8	NG Tube	R00.1	Bradycardia
Z95.9	PICC	R06.00	Dyspnea
G50.1	Atypical Facial Pain	R50.9	Febrile
R10.2	Pelvic Pain	D72.829	Elevated WBC
R52	Pain unspecified	I10	Hypertension
R60.9	Edema unspecified	I50.9	CHF
M54.2	Cervicalgia	J18.9	Pnuemonia
M54.5	Low Back Pain	J40	Bronchitis
M54.6	Thoracic Pain	J44.9	COPD

Pain in :

M25.512	Left Shoulder	M25.511	Right Shoulder
M25.522	Left Elbow	M25.521	Right Elbow
M25.532	Left Wrist	M25.531	Right Wrist
M25.552	Left Hip	M25.551	Right Hip
M25.562	Left Knee	M25.561	Right Knee
M25.572	Left Ankle	M25.571	Right Ankle
M79.605	Left Leg	M79.604	Right Leg
M79.622	Left Humerus	M79.621	Right Humerus
M79.632	Left Forearm	M79.631	Right Forearm
M79.642	Left Hand	M79.641	Right Hand
M79.645	Left Finger(s)	M79.644	Right Finger(s)
M79.652	Left Femur	M79.651	Right Femur
M79.662	Left Tib/Fib	M79.661	Right Tib/Fib
M79.672	Left Foot	M79.671	Right Foot
M79.675	Left Toe(s)	M79.674	Right Toe(s)

Other_____

Patient ID _____

Time _____ **AM PM** **Patient** _____ **of** _____

_____

Technologist's Signature