



# XRAY ORDER FORM

Pre-Authorization Number \_\_\_\_\_  
 Diagnoses/Indications: (Required for Reimbursement)  
 1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_

Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Type of Order:  STAT  Routine  
 Call Result  Fax Result  
 Phone Number \_\_\_\_\_  
 Fax Number \_\_\_\_\_

CPT	VISCERA	CPT	SKELETON
71020	CHEST PA & LAT	70260	SKULL
74000	KUB	70150	Facial Bones
74010	ABDOMEN SERIES	70220	SINUSES
74220	ESOPHAGRAM (FOR ESOPHAGEAL MOBILITY)	70110	MANDIBLE
74247	UGI (INCLUDES ESOPHAGUS & STOMACH)	70160	NASAL BONES
74249	UGI W/ SMALL BOWEL (INCLUDES ESOPHAGUS, STOMACH, & SMALL BOWEL)	70030	ORBITS FOR FOREIGN BODY
74280	COLON W/ AIR (BARIUM ENEMA)	70355	PANOREX
74400	IVP	71100	RIBS UNILAT <input type="checkbox"/> RIGHT (2 VIEW) <input type="checkbox"/> LEFT (2 VIEW)
	<b>SPINE</b>	71101	RIBS UNILAT W/PA CXR <input type="checkbox"/> RIGHT <input type="checkbox"/> LEFT
72040	CERVICAL SPINE 2-3 VIEW (ROUTINE)	71110	RIBS BILATERAL
72050	W/OBLIQUES	71111	RIBS BILATERAL WITH PA CXR
72052	W/OBLIQUES and FLEX/EXT	71120	STERNUM
72072	THORACIC SPINE 3 VIEW	71130	STERNOCLAVICULAR JOINT <input type="checkbox"/> RIGHT <input type="checkbox"/> LEFT
72100	LUMBOSACRAL SPINE 2-3 VIEW (ROUTINE)	73050	ACROMIOCLAVICULAR JOINT
72110	W/ OBLIQUES	73000	CLAVICLE <input type="checkbox"/> RIGHT <input type="checkbox"/> LEFT
72114	W/ OBLIQUES and FLEX/EXT	73010	SCAPULA <input type="checkbox"/> RIGHT <input type="checkbox"/> LEFT
72120	FLEX/EXT ONLY	73030	SHOULDER <input type="checkbox"/> RIGHT <input type="checkbox"/> LEFT
72220	SACRUM & COCCYX	73060	HUMERUS <input type="checkbox"/> RIGHT <input type="checkbox"/> LEFT
72081	6' PA SCOLIOSIS	73080	ELBOW <input type="checkbox"/> RIGHT <input type="checkbox"/> LEFT
72082	6' PA & LAT SCOLIOSIS	73090	FOREARM <input type="checkbox"/> RIGHT <input type="checkbox"/> LEFT
	<b>MISCELLANEOUS</b>	73110	WRIST <input type="checkbox"/> RIGHT <input type="checkbox"/> LEFT
77080	DEXA SCAN BONE DENSITY	73130	HAND <input type="checkbox"/> RIGHT <input type="checkbox"/> LEFT
77076	SKELETAL SURVEY INFANT	73140	FINGERS 1 2 3 4 5 <input type="checkbox"/> RIGHT <input type="checkbox"/> LEFT
77075	SKELETAL SURVEY METAS.	72170	PELVIS
77073	BONE LENGTH STUDY	72202	SACROILIAC JOINTS
77072	BONE AGE STUDY	73502	HIP WITH PELVIS <input type="checkbox"/> RIGHT <input type="checkbox"/> LEFT
70360	SOFT TISSUE NECK	73521	HIPS BILATERAL WITH PELVIS
	<b>SPECIAL PROCEDURES</b>	73510	HIP 2 VIEW UNILATERAL <input type="checkbox"/> RIGHT <input type="checkbox"/> LEFT
73040	ARTHROGRAM SHOULDER <input type="checkbox"/> RIGHT <input type="checkbox"/> LEFT	73552	FEMUR 2 VIEWS <input type="checkbox"/> RIGHT <input type="checkbox"/> LEFT
73115	ARTHROGRAM WRIST <input type="checkbox"/> RIGHT <input type="checkbox"/> LEFT	73560	KNEE 1-2 VIEW (ROUTINE) <input type="checkbox"/> RIGHT <input type="checkbox"/> LEFT
62304	MYELOGRAM LUMBAR	73562	KNEE 3 VIEWS <input type="checkbox"/> RIGHT <input type="checkbox"/> LEFT
74455	VOIDING CYSTOURETHROGRAM (ROUTINE FOR UTI)	73564	KNEE 4 VIEWS <input type="checkbox"/> RIGHT <input type="checkbox"/> LEFT
74430	CYSTOGRAM (ROUTINE FOR POST SURGICAL)	73565	KNEE AP STANDING (BILATERAL)
74230	PHARYNGEAL MOBILITY STUDY (SWALLOWING STUDY WITH SPEECH THERAPY)	73590	LOWER LEG <input type="checkbox"/> RIGHT <input type="checkbox"/> LEFT
	<b>SPECIAL INSTRUCTIONS:</b>	73610	ANKLE <input type="checkbox"/> RIGHT <input type="checkbox"/> LEFT
	<b>OTHER</b>	73630	FOOT <input type="checkbox"/> RIGHT <input type="checkbox"/> LEFT
		73650	HEEL <input type="checkbox"/> RIGHT <input type="checkbox"/> LEFT
		73660	TOES 1 2 3 4 5 <input type="checkbox"/> RIGHT <input type="checkbox"/> LEFT
		73092	UPPER EXTREMITY INFANT <input type="checkbox"/> RIGHT <input type="checkbox"/> LEFT
		73592	LOWER EXTREMITY INFANT <input type="checkbox"/> RIGHT <input type="checkbox"/> LEFT
			<b>SCHEDULED DATE &amp; TIME:</b>

DATE \_\_\_\_\_ TIME \_\_\_\_\_ SIGNATURE \_\_\_\_\_

Registration Fax: (217) 347-1377

Scheduling Phone: (217) 347-1540

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JZ

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