STAT PORTABLE X-RAY

www.statpxray.com

Name: ______________________ SS#: _______________ Date: ___ /___ /_____ ☐ Male ☐ Female

Facility: ____________________________ Date of Birth: ___ /___ /_____ Room Number: __________

Medicare Number: _________________________ Medicaid Number: _________________________

Other Insurance: _________________ ID#: __________________ Auth #: __________________

Order placed by: _______________ Ordering Physician: ____________ ☐ **Portable Exam Necessary**

XRAY

CHEST

☐ AP Chest (Single View) 71045

I50.9 CHF
I51.7 Cardiomegaly
J18.1 Chest Congestion
R50.9 Elevated Temperature
R06.02 Shortness of Breath
R06.2 Wheezing
R05.9 Cough
R07.9 Chest Pain

☐ PICC LINE - 2 Views, Chest & Humerus

☐ Placement ☐ Removal ☐ Status

ABDOMEN (KUB)

☐ Abdomen (KUB) AP View 74018

K56.609 Obstruction
Z93.1 G-tube status
R14.0 Abdominal Distention

LOWER EXTREMITIES

☐ Pelvis 73520
☐ Bilateral Hips 72170
☐ R or ☐ L Hip 73510
☐ R or ☐ L Femur 73550
☐ R or ☐ L Knee 73560
☐ R or ☐ L Tibia/Fibula 73590
☐ R or ☐ L Ankle 73610
☐ R or ☐ L Foot 73630

M79.89 Swelling of Limb
M86.9 Osteoporosis
M85.9 Pain ____________________ (Site)

UPPER EXTREMITIES

☐ R or ☐ L Clavicle 73000
☐ R or ☐ L Shoulder 73030
☐ R or ☐ L Scapula 73010
☐ R or ☐ L Humerus 73060
☐ R or ☐ L Wrist 73110
☐ R or ☐ L Hand 73130
☐ R or ☐ L Finger ___ Digit 73140

M86.9 Osteoporosis
M85.9 Pain

Other Diagnosis or Reason: _______________

HEAD

☐ R or ☐ L Mandible 70100
☐ Facial Bones 70140
☐ Nasal Bones 70160
☐ Orbits 70200
☐ Sinuses 70210
☐ Skull 70260

J01.90 Sinusitis, Acute
G44.1 Pain
R51 Headache

THORAX & SPINAL COLUMN

☐ R or ☐ L Unilateral Ribs 71100
☐ Bilateral Ribs 71110
☐ Cervical Spine 72040
☐ Thoracic Spine 72070
☐ Lumber Spine 72100
☐ Sacrum & Coccyx 72220

M15.9 Osteoarthritis (DJD)
M85.9 Pain

ULTRASOUNDS

PERIPHERAL VENOUS DOPPLER 93970 / 97971

☐ Lower ☐ R ☐ L
☐ Upper ☐ R ☐ L

M79.609 Pain unspecified
M79.89 Swelling
R60.9 Edema

PERIPHERAL ARTERIAL DOPPLER 93923

☐ Lower ☐ R ☐ L
☐ Upper ☐ R ☐ L

E13.59 Diabetes W/circulatory complications
M79.89 Swelling
R60.9 Edema

☐ ABDOMINAL 76700

K56.609 Swelling, mass or lump
R14.0 Abdominal distension
Location: _____________

☐ CAROTID DUPLEX DOPPLER 93880

R55 Syncope / Collapse
R22.1 Localized swelling, mass/lump.

☐ SCROTUM 76870

R10.2 Pain
N43.0 Encysted Hydrocele
N50.8 Disorder of male genital organs

☐ PROSTATE 76872

R39.11 Urinary Hesistancy
N40.0 Enlarged Prostate
R35.1 Nocturia
R41.3 Prostatocystitis

☐ PELVIC 76856

R33.9 Urinary retention
R19.00 Pelvic mass

☐ RENAL ☐ BLADDER 76770

N39.0 Urinary tract infection
N23 Kidney pain/renal colic

☐ THYROID 76536

E04.1 Thyroid cysts
R22.0 Swelling, mass or lump in neck.

☐ ECHOCARDIOGRAM 93306

I27.0 Primary pulmonary hypertension
I50.9 CHF
I27.0 Neck

SOFT TISSUE 76882

Mass Location: ____________________
Symptoms: ____________________

Notes: ____________________

____

Nurse's Signature: ____________________

Technicians Signature: ____________________

Date: ____ /____ /____

Exam Completed: ☐ Yes ☐ No

Other Exam(s): ________________ Reason: ________________ Physician's Signature: ________________