HCI HEALTHCARE IMAGING

24/7 MOBILE RADIOLOGY SERVICES

DISPATCH: 512-342-8300
FAX ORDER TO: 512-342-8508

Order Date: _____

CLIENT INFORMATION

❑ STAT, Please Call ❑ ROUTINE

Name: _____ Ordering Contact: _____

Phone No: _____ Fax Report to Doctor at: _____

Ordering Physician: _____ *Physician Signature: _____
Last, First

PATIENT INFORMATION

Name: _____ Phone No: _____

Address/Facility: _____ City, State, Zip: _____

D.O.B.: _____ Gender: _____

INSURANCE

❑ Bill Facility OR ❑ Bill Insurance (or attach a Face-Sheet)

Medicare # _____ Medicaid # _____

Other Insurance _____ ID# _____ GRP # _____

Responsible Party Name/Address/Phone _____

Reason for Exam: _____

PROCEDURES ORDERED

CHEST / ABDOMEN

❑	Chest AP & Lat	71020
❑	Chest AP	71010
❑	Rib, 2V ❑ L ❑ R	71100
❑	Rib, Bilateral, 3V	71110
❑	Abdomen, 1V	74000

HEAD & NECK

❑	Sinuses, paranasal: <3V	70210
❑	Skull 4 views	70260
❑	Facial Bones, <3V	70140
❑	Nasal Bones, 3+V	70160

SPINE & PELVIS

❑	Cervical, 2V or 3V	72040
❑	Lumbrosacral, 2V	72100
❑	T-Spine, 2V	72070
❑	Pelvis, AP only	72170

UPPER EXTREMITIES

❑	Clavicle, complete ❑ L ❑ R	73000
❑	Shoulder, 1V ❑ L ❑ R	73020
❑	Shoulder, 2+V ❑ L ❑ R	73030
❑	Humerus 2+V ❑ L ❑ R	73060
❑	Elbow, 2V ❑ L ❑ R	73070
❑	Forearm, 2V ❑ L ❑ R	73090
❑	Wrist, 2V ❑ L ❑ R	73100
❑	Hand, 2V ❑ L ❑ R	73120
❑	Finger(s), 2+V ❑ L ❑ R	73140

LOWER EXTREMITIES

❑	Hip, Unil: 1V ❑ L ❑ R	73501
❑	Hip, complete: 2V ❑ L ❑ R	73502
❑	Femur, 2V ❑ L ❑ R	73552
❑	Knee, 1V or 2V ❑ L ❑ R	73560
❑	Tibia & Fibula, 2V ❑ L ❑ R	73590
❑	Ankle, 2V ❑ L ❑ R	73600
❑	Foot: 2V ❑ L ❑ R	73620
❑	Toe(s), 2+V ❑ L ❑ R	73660

ULTRASOUND

❑	US Thyroid/Neck	76536
❑	US Breast ❑ L ❑ R	76641
❑	US Chest	76604
❑	US Abdominal	76700
❑	US Retroperitoneal	76770
❑	US Ext Non Vascular	76880
❑	US OB Pregnant Uterus	76805
❑	US Pelvis (non-OB)	76856
❑	US Scrotum	76870
❑	US Testical	93975
❑	US Carotid	93880
❑	Ankle/Brachial Index	93922
❑	US Arterial LE ❑ L ❑ R	93925
❑	US Arterial UE ❑ L ❑ R	93930
❑	US Venous LE ❑ L ❑ R	93970
❑	US Venous UE ❑ L ❑ R	93970
❑	US Vascular Retroperitoneal	93975
❑	Segmental Pressures Low Ext	93923

ELECTROCARDIOGRAM

❑	EKG	93000

ECHOCARDIOGRAM

❑	Echocardiogram	93306

OTHER EXAM

PORTABLE ORDER FORM

*Portable exam is necessary because transporting the patient would be detrimental to the patient's wellbeing. The test is medically necessary for the diagnosis and treatment of this patient.

FOR MORE INFORMATION VISIT US AT www.hciradiology.com