MOBILE X-RAY of Austin

Fax Orders can only be received at this number | **Monday-Friday 8:00AM-4:00PM | Fax to **512-342-8508**

Please Call to verify receipt of this fax order **512-342-8300**

X-RAY, EKG, ULTRASOUND REQUEST FORM

Date _____ Time of Order _____

Facility Contact _____ Facility Name _____

Facility Phone _____ Facility Fax _____

Patient Name _____ (M/F)

Address_Room/Apt# _____

City/Zip _____ Phone# _____

Alt# _____

SS _____ Date of Birth _____

Medicare _____ Medicaid _____

Other Insurance _____ Policy# _____

Responsible Party Name _____

Address _____ Phone _____

City/ZIP _____

Exam Request with # of Views: _____

_____

_____

Symptoms/Condition: _____

Ordering Physician: _____

Physician Signature: _____

Physician Phone _____ Fax _____

Patient is Homebound and unable to ambulate due to physical condition:

Initial: _____

ENTER TO WIN A TIFFS TREATS COOKIE DELIVERY!

Drawings twice a Month!

Contact Name _____ Name of Agency/Facility _____

Phone _____