



**XRAY ORDER FORM**

Pre-Authorization Number \_\_\_\_\_

Name: \_\_\_\_\_

Diagnoses/Indications: (Required for Reimbursement)

Date of Birth: \_\_\_\_\_

1. \_\_\_\_\_

Type of Order:  STAT  Routine  
 Call Result  Fax Result

2. \_\_\_\_\_

Phone Number \_\_\_\_\_

3. \_\_\_\_\_

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  | 73552 | FEMUR 2 VIEWS <input type="checkbox"/> RIGHT <input type="checkbox"/> LEFT                 |
|       | <input type="checkbox"/> RIGHT <input type="checkbox"/> LEFT     | 73560 | KNEE 1-2 VIEW (ROUTINE) <input type="checkbox"/> RIGHT <input type="checkbox"/> LEFT       |
| 73115 | ARTHROGRAM WRIST   | 73562 | KNEE 3 VIEWS <input type="checkbox"/> RIGHT <input type="checkbox"/> LEFT                  |
|       | <input type="checkbox"/> RIGHT <input type="checkbox"/> LEFT     | 73564 | KNEE 4 VIEWS <input type="checkbox"/> RIGHT <input type="checkbox"/> LEFT                  |
| 62304 | MYELOGRAM LUMBAR   | 73565 | KNEE AP STANDING (BILATERAL)   |
| 74455 | VOIDING CYSTOURETHROGRAM (ROUTINE FOR UTI)                       | 73590 | LOWER LEG <input type="checkbox"/> RIGHT <input type="checkbox"/> LEFT                     |
| 74430 | CYSTOGRAM (ROUTINE FOR POST SURGICAL)                            | 73610 | ANKLE <input type="checkbox"/> RIGHT <input type="checkbox"/> LEFT                         |
| 74230 | PHARYNGEAL MOBILITY STUDY (SWALLOWING STUDY WITH SPEECH THERAPY) | 73630 | FOOT <input type="checkbox"/> RIGHT <input type="checkbox"/> LEFT                          |
|       | <b>SPECIAL INSTRUCTIONS:</b>                                     | 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        |
|       | <b>OTHER</b>   | 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

