X-RAY REQUISITION

PLEASE ATTACH A COPY OF PATIENT'S FACE SHEET & DR'S ORDER

MODESTO MOBILE IMAGES SERVICES Tel: 209-814-6239 Fax: 916-623-0411

DATE_____/_____/_____ RM#_____

PATIENT FIRST & LAST NAME_____DOB____/_____/_____

FACILITY NAME_____PHONE#_____

ORDERING PHYSICIAN (LAST, FIRST)_____**NURSE**(LAST,FIRST)_____

PRIORITY: **STAT** **ASAP** **TODAY** **LATER DATE**_____

PLEASE CIRCLE THE BODY PART/PARTS AND CIRCLE VIEWS TO ORDER

BODY PART	SIDE(RT/LT)	VIEWS	CODE
Abdomen(KUB)		1	74000
Abdominal complete		3	74022
Ankle AP/LAT	RT/LT	2	73600
Ankle Complete	RT/LT	3	73610
Chest Frontal(AP)		1	71010
Chest AP/LAT		2	71020
Clavicle	RT/LT	2	73000
Elbow	RT/LT	2	73070
Elbow Complete	RT/LT	3	73080
Facial Bones		2	70140
Facial Bones Complete		3	70150
Femur AP/LAT	RT/LT	2	73550
Fingers	RT/LT	2	73140
Foot	RT/LT	2	73620
Foot Complete	RT/LT	3	73630
Forearm	RT/LT	2	73090
Hand	RT/LT	2	73120
Hand Complete	RT/LT	3	73130
Heel/Calcaneus		2	73650
Hip AP/LAT	RT/LT	2	73510
Hip Bilateral W/Pelvis		3-5	73520
Hip Unilateral	RT/LT	2	73500
Humerus	RT/LT	2	73060
Knee	RT/LT	2	73562
Knee AP/LAT	RT/LT	2	63560
Knee Complete	RT/LT	4	73562
Mandible			70100
Mandible Complete			70110

BODY PART	SIDE(RT/LT)	VIEWS	CODE
Nasal bone		2	70160
Orbits		4	70200
Pelvis		1	72170
Pelvis Complete		3	72190
Ribs Bilateral		4	71110
Ribs/Chest		3	71101
Ribs Unilateral		2	71100
Sacrum/Coccyx		2	72220
Scapula Complete		2	73010
Shoulder	RT/LT	1	73020
Shoulder Complete	RT/LT	2	73030
Sinus Series		3	70220
Skull		3	70250
Skull Complete		4	70260
Spine-Cervical		2-3	72040
Spine-Cervical		4-5	72050
Spine-Lumbar/Lumbosacral		2-3	72100
Spine-Lumbosacral		4	72110
Spine-Thoracic		2	72070
Sternum		2	71120
Tibia/Fibula leg	RT/LT	2	73590
Toe(s)	RT/LT	3	73660
Wrist	RT/LT	2	73100
Wrist complete	RT/LT	3	73110

SYMPTOM/DIAGNOSIS: