



DIAGNOSTIC IMAGING®

# X-ray Order Form

**Brunswick**  
2 Admiral Fitch Ave., Suite A  
Brunswick, ME 04011

**Scheduling Number:** 800.734.4132  
**Center Number:** 207.844.5679  
**Fax:** 207.721.3295

|  |                |   |                |
|--|----------------|---|----------------|
| Appointment date and time  |                | <input type="radio"/> Obtain authorization <input type="radio"/> Schedule patient |                |
| Patient name (as shown on insurance card)  |                | Cell phone  | Home phone     |
| Patient DOB  | Patient height |   | Patient weight |
| Insurance  |                | Insurance ID #  |                |
| <input type="radio"/> Workers' comp <input type="radio"/> Auto   | Date of injury | Pre-certification # (if needed)   |                |
| <b>(REQUIRED) Written diagnosis/reason/symptom for exam(s).</b> Must include <b>specific</b> clinical indications (such as location, context and severity) to support medical necessity for each test. |                |   |                |
| Is the exam/procedure related to an injury? <input type="radio"/> No <input type="radio"/> Yes If yes <input type="radio"/> Initial <input type="radio"/> Subsequent or <input type="radio"/> Sequela  |                |   |                |
| REPORTING METHOD: <input type="radio"/> STAT: Fax report <input type="radio"/> STAT: Call report (phone number to call: _____ )  |                |   |                |

## X-RAY

- Skull
- Orbits
- Facial bones
- Chest  PA  Lateral
- Ribs  L  R  BIL
- Clavical  L  R  BIL
- Shoulder  L  R  BIL
- Humerus  L  R  BIL
- Elbow  L  R  BIL
- Forearm  L  R  BIL
- Wrist  L  R  BIL
- Hand  L  R  BIL
- Finger digit  L  R  BIL

- Spine
  - Lumbar-3 views (includes AP/LAT/SPOT)
  - Lumbar-4 views (includes AP/LAT/SPOT & OBLIQUES)
  - Cervical-3 views (includes AP/LAT/APOM)
  - Routine cervical-4 views (includes AP/APOM/LAT/OBLIQUES)
  - Thoracic-2 views (includes AP/LAT)
- Hip  L  R  BIL
- Pelvis
- Femur  L  R  BIL
- Knee  L  R  BIL
- Tibia/Fibia  L  R  BIL
- Ankle  L  R  BIL
- Foot  L  R  BIL
- Scoliosis series (includes AP/LAT and are standing only)
  - with shoes  without shoes
- Abdomen flat plate (KUB)

Other \_\_\_\_\_

|  |                  |       |
|--|------------------|-------|
| Provider name (print)  | Phone #          | Fax # |
| Provider signature (required)<br><i>Do not use rubber stamp.</i> | NPI # (required) | Date  |