RadiologyAssist

Schedule By Phone
855-346-5152

Schedule Online
RadiologyAssist.com

Fax Number
855-345-5222

X-RAY IMAGING ORDER FORM

Patient Information

Patient Name		DOB	
Phone	Email		
Address	City	State	Zip

Provider Information

Provider Name		NPI	
Office Name			
Office Address	City	State	Zip
Office Phone	Fax		

XRAY

Body Part	Views	Body Part	Views
Abdomen	☐ 1 (74018) ☐ 2 (74019) ☐ 3 (74021) ☐ Compl. (74022)	**Mastoids**	☐ 2 (70120) ☐ 3 (70130)
Ankle ☐ R ☐ L	☐ 2 (73600) ☐ 3 (73610)	**Nasal Bones**	☐ 3 (70160)
Cervical Spine	☐ 3 (72040) ☐ 4 (72050) ☐ Compl. (75052)	**Neck**	☐ 1 (70360)
Chest	☐ 1 (71045) ☐ 2 (71046) ☐ 3 (71047) ☐ 4 (71048)	**Orbit**	☐ 4+ (70200)
Clavicle Compl.	☐ 1 (73000)	**Pelvis**	☐ 1 (72170) ☐ 2 (72170)
Elbow ☐ R ☐ L	☐ 1 (73070) ☐ 2 (73080)	**Rib** ☐ R ☐ L	☐ 2 (71100) ☐ 3 (71101)
Facial Bones	☐ 2 (70140) ☐ 3 (70150)	**Ribs - Bilateral**	☐ 3 (71110) ☐ 4+ (71111)
Femur ☐ R ☐ L	☐ 1 (73551) ☐ 2 (73552)	**Sacroiliac Joints**	☐ 2 (72200) ☐ 3 (72202)
Finger(s)	☐ 1 (73140)	**Scapula Compl.**	☐ 2 (73010)
Foot ☐ R ☐ L	☐ 2 (74620) ☐ 3 (73630)	**Scoliosis Study**	☐ 1 (72081) ☐ 2 (72082) ☐ 3 (72082) ☐ 4 (72083) ☐ 6+ (72084)
Forearm ☐ R ☐ L	☐ 1 (73090)	**Shoulder** ☐ R ☐ L	☐ 1 (73020) ☐ 2 (73030)
Hand ☐ R ☐ L	☐ 2 (73120) ☐ 3 (73130)	**Sinuses**	☐ 3 (70210) ☐ 4+ (70220)
Hip ☐ R ☐ L	☐ 1 (73501) ☐ 2 (73502) ☐ 3 (73502) ☐ 4 (73503)	**Skull**	☐ 3 (70250) ☐ 4+ (70260)
Hips -Bilateral	☐ 2 (73521) ☐ 3 (73522) ☐ 4 (73522) ☐ 5 (73523)	**Sternum**	☐ 2 (71120) ☐ 3 (71130)
Knee ☐ R ☐ L	☐ 1 (73560) ☐ 2 (73560) ☐ 3 (73562) ☐ 4 (73564)	**Thoracic Spine**	☐ 2 (72070) ☐ 3 (72072) ☐ 4 (72074)
Lumbosacral AP/Lat.	☐ 2 (72100) ☐ 3 (72100) ☐ 4+ (72110)	**Tibia & Fibula**	☐ 2 (73590)
Lumbosacral, Bending	☐ 2 (72120) ☐ 3 (72120)	**Toe(s)**	☐ 2 (73660)
Lumbosacral Compl.	☐ 4+ (72114)	**Wrist** ☐ R ☐ L	☐ 2 (73100) ☐ 3 (73110)
Mandible	☐ 3 (70100) ☐ 4+ (70110)	**Other :**	

Special Instructions:

Diagnosis/Indications:	ICD-10 Codes:

Physician Signature : _____ Date : _____