



Complete form and fax back to # 888-511-9318

Priority: STAT - ASAP - Routine

Date Requested: ___ / ___ / ___

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RADIOLOGY REQUEST FOR X-RAY AND ULTRASOUND EXAMS

PATIENT NAME
Male Female SS# DOB
FACILITY NAME UNIT/ROOM #
PATIENT HOME ADDRESS
PHONE EXT.
DIAGNOSTIC CODE / REASON

MEDICARE #
SECONDARY INS.
OTHER INS.
POLICY # GROUP #
Patient Or Nurse's Signature (If Patient Unable To Sign)
Physician Signature And/Or Doctors Last Name (Required)
MEDICAL NECESSITY
This test is medically necessary for the diagnosis and treatment of this patient because the patient has or is:
Non-Ambulatory/Bed-ridden
Hospice Patient
Dementia
Advanced Age
Physical Limitations
Psychological Limitations

X-RAY EXAMS

Table with 2 columns: Exam Name, Code. Rows include ABDOMEN (74018), CHEST (71045), RIBS UNILAT INCL. AP CHEST (71101), etc.

BONE STUDIES

Table with 2 columns: Exam Name, Code. Rows include ANKLE (COMPLETE) (73610), CLAVICLE (2 VIEW) (73000), ELBOW (COMPLETE) (73080), etc.

HEAD

Table with 2 columns: Exam Name, Code. Rows include FACIAL BONES (70150), MANDIBLE LIMITED (70100), SKULL (70250), etc.

SPINE

Table with 2 columns: Exam Name, Code. Rows include CERVICAL SPINE (AP & LATERAL) (72040), LUMBAR SPINE (AP & LATERAL) (72100), etc.

ULTRASOUND EXAMS

CARDIAC

Table with 2 columns: Exam Name, Code. Rows include EKG (93000), HOLTHER MONITOR (93225, 93226), ECHOCARDIOGRAM (93306), etc.

GENERAL ULTRASOUND

Table with 2 columns: Exam Name, Code. Rows include ABDOMEN ULTRASOUND (76700), BREAST (76641), PELVIC ULTRASOUND (76856), etc.

DOPPLER ULTRASOUND

Table with 2 columns: Exam Name, Code. Rows include ARTERIAL DUPLEX BILATERAL (93925), VENOUS EXTREMITY BILATERAL (93970), etc.

DEXA SCAN (BONE DENSITY) 77080

- All abdominal ultrasound exams require the patient to be NPO for at least 6-8 hours prior to the exam.
Pelvic ultrasound exams require the patient to have a full urinary bladder (32 ounces of fluid 1 hour prior to exam).

OTHER COMMENTS