WAVE MOBILE IMAGING

Tel (702) 861-8885 * Fax (702) 825-2715 Email : ORDERS@WAVEULTRASOUND.COM

X-RAY ORDER FORM

LAST NAME	TODAYS DATE	*** ICD-10 INFO REQUIRED ***	
FIRST NAME	DATE OF BIRTH	NARRATIVE SYMPTOM OR DIAGNOSIS	ICD-10 Code
PHONE	ALT. PHONE	1	
INSURANCE COMPANY		2	
POLICY #	GROUP #	3	
PHYSICIAN NAME		SPECIAL INSTRUCTIONS	
OFFICE TELEPHONE NUMBER		☐ ROUTINE ☐ URGENT	
PHYSICIAN SIGNATURE * (REQUIRED)**		**PRE-AUTH REQUIRED: Y☐ N ☐ PRE-AUTH #**	

I certify that the BELOW prescribed service(s) is/are medically indicated and in my opinion is/are reasonable and necessary with reference to all professional medical standards and treatment of the patient's condition.

( ) ABDOMEN COMPLETE 74020
( ) ABDOMEN KUB 74018

( ) ANKLE COMPLETE 73610 ( ) L ( ) R ( ) BIL

( ) CLAVICLE 73000 ( ) L ( ) R ( ) BIL

( ) CERVICAL LIMITED 72040

CHEST
( ) CHEST 1 VIEW 71045 ( ) L ( ) R
( ) CHEST 2 VIEW 71046

( ) ELBOW COMPLETE 73080 ( ) L ( ) R ( ) BIL

( ) FACIAL BONES 70140 ( ) L ( ) R ( ) BIL

( ) FEMUR 73552 ( ) L ( ) R ( ) BIL

( ) _____ FINGERS 73140 ( ) L ( ) R ( ) BIL

( ) FOOT COMPLETE 73630 ( ) L ( ) R ( ) BIL

( ) FOREARM 73090 ( ) L ( ) R ( ) BIL

( ) HAND COMPLETE 73130 ( ) L ( ) R ( ) BIL

( ) HIP COMPLETE 73502 ( ) L ( ) R ( ) BIL

( ) HUMERUS 73060 ( ) L ( ) R ( ) BIL

( ) KNEE COMPLETE 73560 ( ) L ( ) R ( ) BIL

( ) LUMBAR LIMITED 72100 ( ) L ( ) R ( ) BIL

( ) MANDIBLE LIMITED 70100 ( ) L ( ) R ( ) BIL

( ) NASAL BONES 70160 ( ) L ( ) R ( ) BIL

( ) CALCANEUS 73650 ( ) L ( ) R ( ) BIL

( ) PARANASAL SINUS 70210 ( ) L ( ) R ( ) BIL

( ) PELVIS 72170

( ) RIBS LIMITED 71100 ( ) L ( ) R ( ) BIL

( ) SACROILLIAC JT 72200 ( ) L ( ) R ( ) BIL

( ) SACRUM COCCYX 72220 ( ) L ( ) R ( ) BIL

( ) SCAPULA 73010 ( ) L ( ) R ( ) BIL

( ) SHOULDER COMPLETE 73030 ( ) L ( ) R ( ) BIL

( ) SKULL COMPLETE 70250 ( ) L ( ) R ( ) BIL

( ) STERNO JT 71130 ( ) L ( ) R ( ) BIL

( ) STERNUM 71120

THORACIC
( ) THORACIC LUMBAR 72080
( ) THORACIC SPINE 72070

( ) TIBIA FIBULA 73590 ( ) L ( ) R ( ) BIL

( ) _____ TOES 73660 ( ) L ( ) R ( ) BIL

( ) WRIST COMPLETE 73110 ( ) L ( ) R ( ) BIL