PDI Health

Complete Form and Fax To (888)511-9318 or E-mail orders@pdihealth.com

Priority: ROUTINE ASAP STAT Circle One

www.pdihealth.com E. orders@pdihealth.com T. (800)749-9729

REQUEST FOR DIAGNOSTIC SERVICES

Please Provide All Needed Information to Prevent Service Delays

Date Exam Requested For:_____/_____/_____

Individual Completing the Form:_____

Patient Name DOB

☐ Male ☐ Female SS# Unit/Rm#

Client Name

City State

Phone Number Fax Results To:

Ordering Provider (First/Last)

Patient under Hospice Care? YES NO

Hospice Company

Medicare#

Secondary Ins.

Other Insurance

Policy # Group#

Responsible Party

Address

City State Zip

Please Send Face Sheet with Order

RADIOLOGY EXAMS

☐	R	L	Ankle (3 view)	73610
☐			Chest (1 view)	71045
☐			Chest (2 view)	71046
☐	R	L	Clavicle (2 view)	73000
☐	R	L	Elbow (3 view)	73080
☐	R	L	Femur (2 view)	73551
☐	R	L	Finger(s) (2 view)	73140
☐	R	L	Foot (3 view)	73630
☐	R	L	Forearm (2 view)	73090
☐	R	L	Hand (3 view)	73130
☐	R	L	Heel/ Os Calsis (2 view)	73650
☐	R	L	Hip (2-3 view)	73502
☐			Bilat Hips w/ Pelvis	73520
☐	R	L	Humerus (2 view)	73060
☐	R	L	Knee (2 view)	73560
☐			Pelvis (1 or 2 views)	72170
☐	R	L	Ribs w/ AP Chest	71101
☐			Ribs Bilat w/AP Chest	71111
☐			Sternum (2 view)	71120
☐	R	L	Scapula (2 view)	73010
☐	R	L	Shoulder (2 view)	73030
☐	R	L	Tib/Fib (2 view)	73590
☐	R	L	Toes (2 view)	73660
☐	R	L	Wrist (3 view)	73110

Other

☐				
☐				
☐				

Abdomen

☐			Abdomen/KUB (1 view)	74018
☐			Abdomen (2 view)	74019

Skull

☐			Facial Bones	70150
☐	R	L	Mandible (Limited)	70100
☐			Nasal Bones	70160
☐			Skull	70250
☐			Sinuses	70210
☐			Orbits	70200

Spine

☐			Cervical Spine (2 view)	72040
☐			Thoracic Spine (2 view)	72070
☐			Lumbar Spine (2 view)	72100
☐			Sacrum/Coccyx (2 view)	72220
☐			Sacrum And Coccyx, 2+ Views	72200

Electrocardiograph

☐			Electrocardiograph (EKG)W/O Interpretation	93005

Other

☐				
☐				
☐				

Medical Necessity: This test is medically necessary for the diagnosis and treatment of the patient. Provide patient's symptoms to warrant exam below.

Signs and Symptoms:

I certify that the Physican/Practitioner order and medical necessity for the exam ordered above is documented in the patient's medical chart.

Name/Title/Date:

Notes/Comments for Radiologist and/or Technologist:

CARDIAC/ULTRASOUND EXAMS

General Ultrasounds are scheduled exams. Abdominal ultrasounds require 6 hours NPO prior to exam. Pelvic ultrasounds require patient to have a full urinary bladder.

☐			Abdominal Ultrasound	76700
☐			Abdominal, LTD (RUQ, No Pancreas & Spleen)	76705
☐			Ankle Brachial Index (ABI)	93922
☐	R	L	Breast LTD (Palp Mass or F/U from Abn Mamm Only)	76642
☐			Echocardiogram	93306
☐			Pelvic Ultrasound	76856
☐			Renal/Retroperitoneal	76770
☐			Renal Artery	76775
☐			Testicular (Scrotum)	76870
☐			Thyroid (Head/Neck Tissues)	76536
☐	R	L	US, ltd, joint/other nonvascular extremity structure(s) Body Part_____	76882

Dopplers R/O DVT

☐	R	L	Venous Extremities Unilateral/Upper	93971
☐	R	L	Venous Extremities Unilateral/Lower	93971
☐			Venous Duplex Scan (Bilat) Upper	93970
☐			Venous Duplex Scan (Bilat) Lower	93970
☐			Arterial Duplex Upper Bilateral	93930
☐	R	L	Arterial Duplex Unilateral/Upper	93931
☐			Arterial Duplex Lower Bilateral	93925
☐	R	L	Arterial Duplex Lower/ Unilateral	93926
☐			Carotid Duplex Doppler	93880

Other

☐				

Condition of the patient that requires the exam to be performed portably

☐	Weak/Non Ambulatory	☐	Suspected Fracture
☐	Hospice Patient	☐	Suspected Pneumonia
☐	Dementia	☐	Unsteady gait/fall risk
☐	Advanced Age	☐	Immunosuppressive
☐	Physical Limitations	☐	Combative
☐	Psychological Limitations	☐	Other_____

☐ Date Disk Needed

To and Address: