Complete Form and E-Mail to Orders@pdihealth.com or Fax Back to (888)-511-9318

PDI Health

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REQUEST FOR DIAGNOSTIC SERVICES

Please Provide All Needed Information to Prevent Service Delays

Date Exam Requested:_____/_____/_____

Individual Completing Form: _____

Patient Name **DOB**

☐ **Male** ☐ **Female** **SS#**

Client Name/Agency Name

City **ST** **Phone Number**

Patient's Address

City **ST** Zip

Patient Contact Number

Ordering Provider (First/Last) **NPI**

Fax Results to:

Medicare #

Secondary Ins.

Other Insurance

Policy # Group#

Responsible Party

Address

City ST Zip

Send Copy of Provider Order and Insurance Card with Order

RADIOLOGY EXAMS

☐	R	L	Ankle (3 view)	73610			**Abdomen**	
☐			Chest (1 view)	71045	☐		Abdomen/KUB (1 view)	74018
☐			Chest (2 view)	71046	☐		Abdomen (2 view)	74019
☐	R	L	Clavicle (2 view)	73000			**Skull**	
☐	R	L	Elbow (3 view)	73080	☐		Facial Bones	70150
☐	R	L	Femur (2 view)	73551	☐	R L	Mandible (Limited)	70100
☐	R	L	Finger(s) (2 view)	73140	☐		Nasal Bones	70160
☐	R	L	Foot (3 view)	73630	☐		Skull	70250
☐	R	L	Forearm (2 view)	73090	☐		Sinuses	70210
☐	R	L	Hand (3 view)	73130	☐		Orbits	70200
☐	R	L	Heel/ Os Calsis (2 view)	73650			**Spine**	
☐	R	L	Hip (2-3 view)	73502	☐		Cervical Spine (2 view)	72040
☐			Bilat Hips w/ Pelvis	73520	☐		Thoracic Spine (2 view)	72070
☐	R	L	Humerus (2 view)	73060	☐		Lumbar Spine (2 view)	72100
☐	R	L	Knee (2 view)	73560	☐		Sacrum/Coccyx (2 view)	72220
☐			Pelvis (1 view)	72170	☐		Sacrum & Coccyx, 2+ Views	72200
☐	R	L	Ribs w/ AP Chest	71101			**Electrocardiograph**	
☐			Ribs Bilat w/AP Chest	71111	☐		Electrocardiograph (EKG)W/O Interpretation	93005
☐			Sternum	71120				
☐	R	L	Scapula (2 view)	73010				
☐	R	L	Shoulder (2 view)	73030				
☐	R	L	Tib/Fib (2 view)	73590			**Other**	
☐	R	L	Toes (2 view)	73660				
☐	R	L	Wrist (3 view)	73110				

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

House Call Comments (Steps, Handicap accessible)

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 Aortic Aneurysm Ultrasound	76706
☐ ☐			Abdominal, LTD (RUQ, No Pancreas & Spleen	76705
☐			Ankial Brachial Index (ABI)	93922
☐	R	L	Breast LTD (Palp Mass or F/U Abn Mamm)	76642
☐			Echocardiogram	93306
☐				
☐			Retroperitoneum/ Renal-Kidney	76770
☐				
☐			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

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_____

☐ Disk Needed by:_____

Address

_____