



SPHERE MOBILE
DIGITAL IMAGING

TO ORDER:
CALL: 570-512-XRAY (9729)
FAX: 570-438-1612
EMAIL: CONTACT@SPHEREMOBILEXRAY.COM

MOBILE EXAM ORDER FORM

PATIENT INFORMATION

NAME _____ STAT Date _____
 D.O.B. _____ SS# _____ MALE FEMALE
 PATIENT ADDRESS or FACILITY NAME _____ ROOM # _____
 CITY _____ STATE _____ ZIP _____ PHONE _____
 PRIMARY INSURANCE NAME _____ INSURANCE ID # _____
 SECONDARY INSURANCE NAME _____ INSURANCE ID # _____

X-RAYS: (Mark what is needed)

CHEST AND ABDOMEN

- Abdominal KUB/Flatplate..... 74018
- Abdominal Flat & Upright 2 View 74019
- Chest 1 View 71045
- Chest AP/LAT 2 View..... 71046
- Ribs 2 View (R) (L)..... 71110
- Ribs UNILATERAL + PA Chest 3 View 71101
- Ribs BILATERAL + PA Chest 4 View 71111

HEAD AND NECK

- Skull 70250
- Facial Bones 3 View 70150
- Orbits 4 View 70200
- Nasal Bones 3 View 70160
- Mandibles (R) (L)..... 70100
- Sinuses 70210

UPPER EXTREMITIES

- Clavicle 2 View (R) (L)..... 73000
- Scapula 2 View (R) (L)..... 73010
- Shoulder 2 View (R) (L)..... 73030
- Humerus 2 View (R) (L)..... 73060
- Elbow 3 View (R) (L)..... 73080
- Forearm 2 View (R) (L)..... 73090
- Wrist 3 View (R) (L)..... 73110
- Hand 3 View (R) (L)..... 73130
- Fingers 2 View (R) (L)..... 73140

SPINE AND PELVIS

- Cervical Spine AP/LAT 72040
- Thoracic Spine 3 View 72072
- Lumbar Spine 2-3 View 72100
- Pelvis 1-2 View 72170
- Sacrum Coccyx 72220

LOWER EXREMITIES

- HIP BILATERAL 4 View 73522
- HIP AP/LAT (R) (L)..... 73501
- Femur 2 View (R) (L)..... 73552
- Knee 1-2 View (R) (L)..... 73560
- Knee 3 View (R) (L)..... 73562
- Tibia/Fibula 2 View (R) (L)..... 73590
- Ankle 3 View (R) (L)..... 73610
- Foot 3 View (R) (L)..... 73630
- Heel 2 View (R) (L)..... 73650
- Toes 2 View (R) (L)..... 73660

Other: _____

Reason for study: _____

Ultrasounds: (Mark what is needed)

UPPER EXTREMITIES

- Venous Upper Bilateral 93970 (R) (L) 93971
- Venous Lower Bilateral 93970 (R) (L) 93971
- Arterial Upper Bilateral 93930 (R) (L) 93931
- Arterial Lower Bilateral 93925 (R) (L) 93926

ABDOMEN

- Complete Abdominal* 76700
- Abdominal Limited* 76705
- AORTA/AAA 76706
- Renal /Kidney..... 76770
- Bladder** 76857

PELVIC

- Pelvic** 76856
- Pelvic Non-OB** 76856
- Testicular/Scrotum 76870
- Soft Tissue Groin 76882

HEAD AND NECK

- Thyroid 76536
- Neck Soft Tissue 76536
- Carotid Duplex Doppler 93880

UPPER EXTREMITIES

- Breast Bilateral 76642 (R) (L) 76641
- Soft Tissue 76682

Other: _____

* Abdominal Ultrasounds require patient not eat or drink at least 6 hours prior to exam

** Pelvic Ultrasounds require patient to have a full urinary bladder.

Reason for study: _____

CARDIAC STUDIES:

- EKG 93000
- Holter Monitor 24 HR 93225
- Echocardiogram 93306
- Pacemaker Check 93293

REQUESTING PHYSICIAN:

NAME _____ NPI# _____ FAX# _____
 SIGNATURE _____ TODAY'S DATE _____

Indicate Medical Necessity for Portable Use: _____ :