

# X-RAY ORDER FORM

2310 Peger Road, Suite 102  
Fairbanks, AK 99709

SCHEDULING  
(907) 459-6555

FAX REFERRAL  
(907) 459-6566

Patient Name: \_\_\_\_\_ Date of Referral: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Gender:  Female  Male  
 Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  Diabetic  Pregnant Weight: \_\_\_\_\_  
 Primary Insurance: \_\_\_\_\_ ID Number: \_\_\_\_\_  
 Motor Vehicle  Workers Compensation Authorization #: \_\_\_\_\_

**Patient Needs:**  
 Claustrophobia  
 Sedation  Disability  
 Allergies: \_\_\_\_\_  
 Language: \_\_\_\_\_  
 Other: \_\_\_\_\_

## CLINICAL INDICATORS

Reason for exam to support medical necessity. No abbreviations. No "rule outs."

ICD-10 Code(s): \_\_\_\_\_

Routine  STAT  
 Expedited  
 Send With Patient (CD)  
 Call Report: \_\_\_\_\_  
 Fax Report: \_\_\_\_\_

## REFERRING PROVIDER

Clinic/Location: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Provider Name: \_\_\_\_\_ Provider Signature: \_\_\_\_\_

ORIGINAL SIGNATURE REQUIRED. DO NOT USE STAMP.

## ABDOMEN & PELVIS

- Abdomen - KUB
- Abdomen - Complete
- Acute Abdomen Series
- Nose to Rectum (Pediatric)
- Pelvis
- Other: \_\_\_\_\_

## EXTREMITIES

- A.C. Joints (Bilateral)  With Weights
- Ankle  LT  RT  With Stress
- Bone Survey  Complete  Pediatric
- Calcaneus  LT  RT
- Clavicle  LT  RT
- Elbow  LT  RT
- Finger  LT  RT Specify Digit: \_\_\_\_\_
- Foot  LT  RT  Weight-Bearing
- Forearm  LT  RT
- Hand  LT  RT  Arthritis Series
- Hip
  - Pelvis and Hip (Default)  LT  RT
  - Hip Only  LT  RT
- Humerus  LT  RT
- Knee  LT  RT
  - 1-2 Views  3 Views (Default)  4+ Views
  - With AP Standing Bilateral View
- Scapula  LT  RT
- Shoulder  LT  RT
- Tibia and Fibula  LT  RT
- Toe  LT  RT Specify Digit: \_\_\_\_\_
- Wrist  LT  RT  With Scaphoid View
- Other: \_\_\_\_\_

## HEAD & NECK

- Facial Bones
- Mandible
- Nasal Bones
- Neck Soft Tissues
- Orbits
- Sinuses
- Skull
- Other: \_\_\_\_\_

## SPINE

- Cervical Spine
  - 2-3 Views (Default)  With Obliques  With Flex / Ext
- Lumbar Spine
  - 2-3 Views (Default)  With Obliques  With Flex / Ext
- Sacroiliac Joints
- Sacrum and Coccyx
- Thoracic Spine
- Thoracolumbar Spine
- Other: \_\_\_\_\_

## THORAX

- Chest - 1 View
- Chest - 2 Views
- Chest With Apical Lordotic
- Decubitus Chest  LT  RT
- Inspiratory and Expiratory Chest
- Ribs  LT  RT
- Sternum
- Other: \_\_\_\_\_