HEALTHCARE IMAGING

CLEAR FORM 24/7 SERVICE

DISPATCH: 602-258-2381
FAX ORDER TO: 602-801-3357
EMAIL ORDER TO: info@hciradiology.com

Order Date: _____

CLIENT INFORMATION

☐ STAT, Please Call ☐ ROUTINE

Name: _____ Ordering Contact: _____

Phone No: _____ Fax Report to Doctor at: _____

Ordering Physician: _____ *Physician Signature: _____
Last, First

PATIENT INFORMATION

Name: _____ Phone No: _____

Address/Facility: _____ City, State, Zip: _____

D.O.B.: _____ Gender: _____

INSURANCE

☐ Bill Facility OR ☐ Bill Insurance (or attach a Face-Sheet)

Medicare # _____ Medicaid # _____

Other Insurance _____ ID# _____ GRP # _____

Responsible Party Name/Address/Phone _____

Reason for Exam: _____

PROCEDURES ORDERED

CHEST / ABDOMEN

☐ Chest AP & Lat		71020
☐ Chest AP		71010
☐ Rib, 2V	☐L ☐R	71100
☐ Rib, Bilateral, 3V		71110
☐ Abdomen, 1V		74000

HEAD & NECK

☐ Sinuses, paranasal: <3V		70210
☐ Skull 4 views		70260
☐ Facial Bones, <3V		70140
☐ Nasal Bones, 3+V		70160

SPINE & PELVIS

☐ Cervical, 2V or 3V		72040
☐ Lumbrosacral, 2V		72100
☐ T-Spine, 2V		72070
☐ Pelvis, AP only		72170

UPPER EXTREMITIES

☐ Clavicle, complete	☐L ☐R	73000
☐ Shoulder, 1V	☐L ☐R	73020
☐ Shoulder, 2+V	☐L ☐R	73030
☐ Humerus 2+V	☐L ☐R	73060
☐ Elbow, 2V	☐L ☐R	73070
☐ Forearm, 2V	☐L ☐R	73090
☐ Wrist, 2V	☐L ☐R	73100
☐ Hand, 2V	☐L ☐R	73120
☐ Finger(s), 2+V	☐L ☐R	73140

LOWER EXTREMITIES

☐ Hip, Unil: 1V	☐L ☐R	73501
☐ Hip, complete: 2V	☐L ☐R	73502
☐ Femur, 2V	☐L ☐R	73552
☐ Knee, 1V or 2V	☐L ☐R	73560
☐ Tibia & Fibula, 2V	☐L ☐R	73590
☐ Ankle, 2V	☐L ☐R	73600
☐ Foot: 2V	☐L ☐R	73620
☐ Toe(s), 2+V	☐L ☐R	73660

ULTRASOUND

☐ US Thyroid/Neck		76536
☐ US Breast	☐L ☐R	76641
☐ US Chest		76604
☐ US Abdominal		76700
☐ US Retroperitoneal		76770
☐ US Ext Non Vascular		76880
☐ US OB Pregnant Uterus		76805
☐ US Pelvis (non-OB)		76856
☐ US Scrotum		76870
☐ US Testical		93975
☐ US Carotid		93880
☐ Ankle/Brachial Index		93922
☐ US Arterial LE	☐L ☐R	93925
☐ US Arterial UE	☐L ☐R	93930
☐ US Venous LE	☐L ☐R	93970
☐ US Venous UE	☐L ☐R	93970
☐ US Vascular Retroperitoneal		93975
☐ Segmental Pressures Low Ext		93923

ELECTROCARDIOGRAM

☐ EKG		93000

ECHOCARDIOGRAM

☐ Echocardiogram		93306

OTHER EXAM

PORTABLE ORDER FORM

*Portable exam is necessary because transporting the patient would be detrimental to the patient's wellbeing. The test is medically necessary for the diagnosis and treatment of this patient.