



Place Patient Label
Inside This Box

7040.03.15772.06 hoke Sunset Date: 3/2021

Name:	Sex:	Date of Birth:	Age:	SS#:
Telephone (Home)	(Work)	(Mobile)	PreCert/Auth#:	
Physician Ph#	Physician Fax#:	Print Name of Physician:		

Physician Signature (Required) _____ **Date/Time (Required):** _____

No appointment needed for following examinations and are available 24/7.

Please fax form to Central Scheduling at (910) 715-1177 so it will be available when patient arrives.

CHECK PROCEDURE AND INSERT ICD-10 CODE

Diagnostic Imaging	CPT	DX CODE
<input type="checkbox"/> Abdomen 1 AP View	71048	
<input type="checkbox"/> Abd 2view AP&Decub or Erect	74019	
<input type="checkbox"/> Acute ABD Series w/1v Chest (AAS)	74022	
<input type="checkbox"/> Ankle 2 view <input type="checkbox"/> L <input type="checkbox"/> R	73600	
<input type="checkbox"/> Ankle 3v min <input type="checkbox"/> L <input type="checkbox"/> R	73610	
<input type="checkbox"/> Calcaneus/Heel 2v min <input type="checkbox"/> L <input type="checkbox"/> R	73650	
<input type="checkbox"/> Chest: Single View	71045	
<input type="checkbox"/> Chest: 2 Views	71046	
<input type="checkbox"/> Chest 3l Views <input type="checkbox"/> Lordotic <input type="checkbox"/> Oblique <input type="checkbox"/> Decub (<input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Bilat)	71047	
<input type="checkbox"/> Clavicle <input type="checkbox"/> L <input type="checkbox"/> R	73000	
<input type="checkbox"/> C Spine- 2 or 3 views	72040	
<input type="checkbox"/> C Spine- 4 or 5 views	72050	
<input type="checkbox"/> C Spine- W/ Flex & Extend =/>6V	72052	
<input type="checkbox"/> Dexascan- Bone Density only	77080	
<input type="checkbox"/> Elbow-2 views <input type="checkbox"/> L <input type="checkbox"/> R	73070	
<input type="checkbox"/> Elbow Complete 3v min <input type="checkbox"/> L <input type="checkbox"/> R	73080	
<input type="checkbox"/> Facial Bones 3v min	70150	
<input type="checkbox"/> Femur 2v <input type="checkbox"/> L <input type="checkbox"/> R	73552	
<input type="checkbox"/> Finger(S) 2v min <input type="checkbox"/> L <input type="checkbox"/> R	73140	
<input type="checkbox"/> Foot 2 View <input type="checkbox"/> L <input type="checkbox"/> R	73620	
<input type="checkbox"/> Foot 3v min <input type="checkbox"/> L <input type="checkbox"/> R	73630	
<input type="checkbox"/> Forearm 2v <input type="checkbox"/> L <input type="checkbox"/> R	73090	
<input type="checkbox"/> Hand 2 views <input type="checkbox"/> L <input type="checkbox"/> R	73120	
<input type="checkbox"/> Hand 3v min <input type="checkbox"/> L <input type="checkbox"/> R	73130	
<input type="checkbox"/> Hip Unilateral w/Pelvis 2-3v <input type="checkbox"/> L <input type="checkbox"/> R	73502	
<input type="checkbox"/> Hip Bilat w/Pelvis 2vws	73521	
<input type="checkbox"/> Humerus 2v min <input type="checkbox"/> L <input type="checkbox"/> R	73060	
<input type="checkbox"/> Knee 1 or 2v <input type="checkbox"/> L <input type="checkbox"/> R	73560	
<input type="checkbox"/> Knee 4 or more views <input type="checkbox"/> L <input type="checkbox"/> R	73564	
<input type="checkbox"/> Knees Standing AP	73565	
<input type="checkbox"/> L Spine 2 or 3 views	72100	
<input type="checkbox"/> L Spine 4v min	72110	
<input type="checkbox"/> L Spine- W/ Flex & Extend =/>6V	72114	
<input type="checkbox"/> Mammogram Diagnostic Bilateral (Digital)	77066	
<input type="checkbox"/> Mammo Diagnostic Unilat (Digital) <input type="checkbox"/> L <input type="checkbox"/> R	77065	
<input type="checkbox"/> Mandible 4v min	70110	
<input type="checkbox"/> Nasal Bones 3v min	70160	

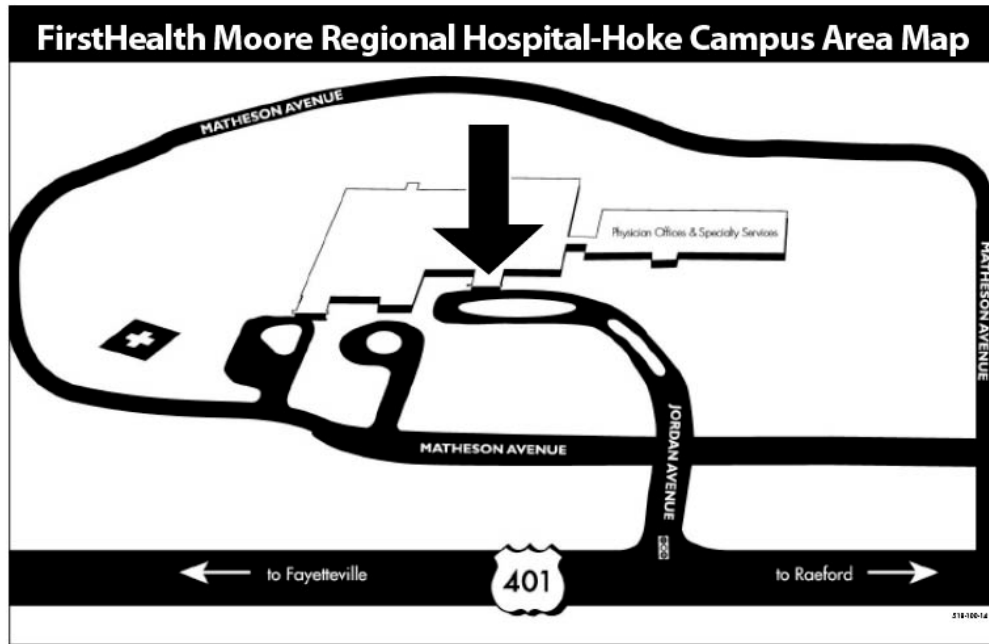
Diagnostic Imaging	CPT	DX CODE
<input type="checkbox"/> Osseous Survey (Adult)	77075	
<input type="checkbox"/> Osseous Survey (Infant less than12mths)	77076	
<input type="checkbox"/> Pelvis 1 or 2v	72170	
<input type="checkbox"/> Ribs Bilateral w/pa chest 4v min	71111	
<input type="checkbox"/> Ribs Unilateral 2 Views <input type="checkbox"/> L <input type="checkbox"/> R	71100	
<input type="checkbox"/> Ribs Unilateral w/pa chest 3v min <input type="checkbox"/> L <input type="checkbox"/> R	71101	
<input type="checkbox"/> Sacrum & Coccyx 2v min	72220	
<input type="checkbox"/> Scapula <input type="checkbox"/> L <input type="checkbox"/> R	73010	
<input type="checkbox"/> Scoliosis 2-3vws	72082	
<input type="checkbox"/> Shoulder 2v min <input type="checkbox"/> L <input type="checkbox"/> R	73030	
<input type="checkbox"/> Shunt Series (Included: KUB, Skull <4vws, Chest)	74000 70250 71010	
<input type="checkbox"/> Sinuses Paranasal >3v	70220	
<input type="checkbox"/> Sinuses Waters <3v	70210	
<input type="checkbox"/> Skull <4v	70250	
<input type="checkbox"/> Sternum 2v min	71120	
<input type="checkbox"/> Thoracic Spine 2v	72070	
<input type="checkbox"/> Tibia & Fibula 2v <input type="checkbox"/> L <input type="checkbox"/> R	73590	
<input type="checkbox"/> Toe(S) <input type="checkbox"/> L <input type="checkbox"/> R	73660	
<input type="checkbox"/> Wrist 2v AP/Lat <input type="checkbox"/> L <input type="checkbox"/> R	73100	
<input type="checkbox"/> Wrist 3v min <input type="checkbox"/> L <input type="checkbox"/> R	73110	

Last LMP:

UHCG Performed: No Yes Results:

Please send a copy of UHCG results with order

Comments:



PARKING: Please check designated parking area for patients:	
<input type="checkbox"/> Monday – Friday 7:30am – 5:00pm	Outpatients will enter through the Outpatient entrance.
<input type="checkbox"/> Monday – Friday before 7:30a or after 5:00pm and Weekends	Outpatients will enter through the Emergency Department and inform registration having outpatient x-ray.

ALL PATIENTS

Please be prepared to present health care insurance identification cards upon registration. With this information, we will allow credit on your account to the limit of benefits of your insurance coverage. You will be requested to pay any balance due at this time or make satisfactory arrangements for payment.

THANK YOU FOR CHOOSING FIRSTHEALTH MOORE REGIONAL HOSPITAL HOKE CAMPUS FOR YOUR HEALTH CARE NEEDS.

PHYSICIAN OFFICE

- ★ ICD-10 Codes should be provided for each test/panel ordered.
- ★ Medicare reimbursement may be denied for duplicate tests within 72 hours and/or non-approved ICD-10 Codes.