



Place Patient Label
Inside This Box

Physicians Order for Diagnostics
Diagnostic Imaging – Convenient Care
Page 1 of 1

7040.03.15772.00.cc Sunset Date: 8/2022

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):		

CHECK PROCEDURE AND INSERT ICD-10 CODE

Diagnostic Imaging	CPT	DX CODE	Diagnostic Imaging	CPT	DX CODE
<input type="checkbox"/> Abdomen 1 view	74018		<input type="checkbox"/> Knee 1 or 2views <input type="checkbox"/> L <input type="checkbox"/> R	73560	
<input type="checkbox"/> Abdomen 2 views	74019		<input type="checkbox"/> Knee 4 or more views <input type="checkbox"/> L <input type="checkbox"/> R	73564	
<input type="checkbox"/> AC Joints	73050		<input type="checkbox"/> Knees Standing AP	73565	
<input type="checkbox"/> Acute ABD Series w/1view Chest	74022		<input type="checkbox"/> L Spine 2 or 3 vws(Specify)	72100	
<input type="checkbox"/> Ankle 2 views <input type="checkbox"/> L <input type="checkbox"/> R	73600		<input type="checkbox"/> L Spine 4vws min(Specify)	72110	
<input type="checkbox"/> Ankle 3views min <input type="checkbox"/> L <input type="checkbox"/> R	73610		<input type="checkbox"/> L Spine- W/ Flex & Extend =>6Views	72114	
<input type="checkbox"/> Calcaneus/Heel 2views min <input type="checkbox"/> L <input type="checkbox"/> R	73650		<input type="checkbox"/> Nasal Bones 3views min	70160	
<input type="checkbox"/> Chest 1 view(Specify)	71045		<input type="checkbox"/> Obits	70200	
<input type="checkbox"/> Chest 2 views(Specify)	71046		<input type="checkbox"/> Pelvis 1 or 2views	72170	
<input type="checkbox"/> Chest 3 Views(Specify)	71047		<input type="checkbox"/> Mandible, partial less than 4vws	70100	
<input type="checkbox"/> Ankle 2 views <input type="checkbox"/> L <input type="checkbox"/> R	73600		<input type="checkbox"/> Mandible, complete more than 4vws	70110	
<input type="checkbox"/> Ankle 3views min <input type="checkbox"/> L <input type="checkbox"/> R	73610		<input type="checkbox"/> Nasal Bones 3views min	70160	
<input type="checkbox"/> Calcaneus/Heel 2views min <input type="checkbox"/> L <input type="checkbox"/> R	73650		<input type="checkbox"/> Pelvis 1 or 2views	72170	
<input type="checkbox"/> Chest 1 view(Specify)	71045		<input type="checkbox"/> Ribs Bilateral w/PA chest 4views min	71111	
<input type="checkbox"/> Chest 2 views(Specify)	71046		<input type="checkbox"/> Ribs Unilateral 2 Views <input type="checkbox"/> L <input type="checkbox"/> R	71100	
<input type="checkbox"/> Chest 3 Views(Specify)	71047		<input type="checkbox"/> Ribs Unilateral w/PA chest 3v min <input type="checkbox"/> L <input type="checkbox"/> R	71101	
<input type="checkbox"/> Clavicle <input type="checkbox"/> L <input type="checkbox"/> R	73000		<input type="checkbox"/> Sacrum & Coccyx 2views min	72220	
<input type="checkbox"/> C Spine- 2 or 3 vws(Specify)	72040		<input type="checkbox"/> Scapula	73010	
<input type="checkbox"/> C Spine- 4 or 5 vws(Specify)	72050		<input type="checkbox"/> Shoulder 2view min <input type="checkbox"/> L <input type="checkbox"/> R	73030	
<input type="checkbox"/> C Spine- W/ Flex & Extend =>6views	72052		<input type="checkbox"/> Sinuses Paranasal > 3 vws	70220	
<input type="checkbox"/> Elbow-2 views <input type="checkbox"/> L <input type="checkbox"/> R	73070		<input type="checkbox"/> Sinuses Waters <3views	70210	
<input type="checkbox"/> Elbow Complete 3views min <input type="checkbox"/> L <input type="checkbox"/> R	73080		<input type="checkbox"/> Skull <4views	70250	
<input type="checkbox"/> Facial Bones 3views min	70150		<input type="checkbox"/> Skull complete min 4views	70260	
<input type="checkbox"/> Femur 2views min <input type="checkbox"/> L <input type="checkbox"/> R	73552		<input type="checkbox"/> Soft Tissue Neck	70360	
<input type="checkbox"/> Finger(s) 2views min (Thumb) <input type="checkbox"/> L <input type="checkbox"/> R	73140		<input type="checkbox"/> Sternum 2views min	71120	
<input type="checkbox"/> Foot 2 views <input type="checkbox"/> L <input type="checkbox"/> R	73620		<input type="checkbox"/> Thoracic Spine 2views	72070	
<input type="checkbox"/> Foot 3views min <input type="checkbox"/> L <input type="checkbox"/> R	73630		<input type="checkbox"/> Tibia & Fibula 2views <input type="checkbox"/> L <input type="checkbox"/> R	73590	
<input type="checkbox"/> Forearm 2views <input type="checkbox"/> L <input type="checkbox"/> R	73090		<input type="checkbox"/> Toe(s) 2views min <input type="checkbox"/> L <input type="checkbox"/> R	73660	
<input type="checkbox"/> Hand 2 views <input type="checkbox"/> L <input type="checkbox"/> R	73120		<input type="checkbox"/> Wrist 2views AP/Lat <input type="checkbox"/> L <input type="checkbox"/> R	73100	
<input type="checkbox"/> Hand 3views min <input type="checkbox"/> L <input type="checkbox"/> R	73130		<input type="checkbox"/> Wrist 3views min <input type="checkbox"/> L <input type="checkbox"/> R	73110	
<input type="checkbox"/> Hip Unilat w/Pelvis 2-3vws <input type="checkbox"/> L <input type="checkbox"/> R	73502				
<input type="checkbox"/> Hip Bilat w/Pelvis 2v	73521				
<input type="checkbox"/> Humerus 2views min <input type="checkbox"/> L <input type="checkbox"/> R	73060				

Comments:
