COMPASSION HEALTH CARE

PATIENTS: You MUST bring this form with you to CHC. To schedule an appointment, please call 336-694-9331.

OUTSIDE RADIOLOGY XRAY ORDER FORM

Patient Name: ________________________ **DOB:** _____/_____/_________

Sex: _______________ **Phone:** __________-___________-____________

Patient Address: ____

Reason for Exam

	Exam	Positions	CPT Code(s)	R/L	ICD-10 Code
☐	Abdomen (KUB)	AP (supine)	74018		
☐	Abdomen 2 view	AP, supine AP, upright	74019		
☐	Ankle	AP Oblique Lateral	73600 - 2 views 73610 – complete 3 views		
☐	Bone age	PA left hand to include the left wrist	77072		
☐	Calcaneus (Heel)	Axial (Plantodorsal – 40º cephalic angle) Lateral	73650 – 2 views		
☐	Cervical spine 2 or 3 view	AP Odontoid Lateral (swimmers if needed)	72040		
☐	Cervical spine 4 view	AP Odontoid Lateral (swimmers if needed)	72050		
☐	Chest 1 view	AP/PA	71045		
☐	Chest 2 view	PA (AP if needed) Lateral	71046		
☐	Cervical Soft Tissue Neck	AP (15º angle if foreign body, NO angle) Lateral *expose during inspiration	72040		
☐	Clavicle	AP (15º Cephalic angle) AP (90º angle)	73000		
☐	Humerus	AP (External) Lateral (Internal) *Include shoulder and elbow	73060		
☐	Knee 2 view	AP Lateral	73560 – 2 views 73562 – 3 views		
☐	Knee 4 view	AP Lateral Tunnel Sunrise	73564 – 4 views 73565 – both knees		

Reason for Exam

	Exam	Positions	CPT Code(s)	R/L	ICD-10 Code
☐	Coccyx	AP (10º Caudad angle) Lateral *performed in conjunction with the sacrum	72220		
☐	Elbow 3 view	AP Oblique Lateral	73070 – 2 views 73080 – 3 views		
☐	Facial Bones	PA Caldwell Waters Lateral	70140 – Less than 3 views 70150 – minimum of 3 views		
☐	Femur	AP (Proximal and Distal) Lateral (Proximal and Distal) *Include complete hardware on AP & Lateral Views	73551 - 1 View 73552 – 2 Views		
☐	Finger	AP Oblique Lateral	73140		
☐	Foot	AP Oblique Lateral	73620 – 2 views 73630 – 3 views		
☐	Forearm	AP Lateral	73090		
☐	Hand	PA Oblique Lateral	73120 – 2 views 73130 – 3 views		
☐	Hip	AP Pelvis AP Hip Lateral	73525		
☐	Sacrum	AP (15º cephalic angle) Lateral *performed in conjunction with coccyx	72220 – minimum of 2 views plus sacrum and coccyx		

☐	LS Spine 2 view	AP Lateral *Include sacrum	72100 – 2 views		
☐	LS Spine 4 view	AP Lateral Both obliques *Include sacrum	72110 – 4 views		
☐	Lumbar Spine 2 view	AP Lateral	72082 – 2 views		
☐	Lumbar Spine 4 view	AP Lateral Both obliques	72083		
☐	Nasal Bones	Waters Lateral	70160		
☐	Orbits	Waters Lateral	70200		
☐	Patella	Sunrise Lateral	73560		
☐	Pelvis	AP	72170 1 or 2 views 72190 minimum of 3 views		
☐	Ribs	PA Chest AP ribs of the affected side oblique - posterior pain – affected side towards the board RPO/LPO - anterior pain – affected side away from the board RAO/LAO	71100 – unilateral 2 views 71101 – unilateral including posteroanterior chest 3 views 71111 – bilateral including posteroanterior chest minimum 4 views		
☒	SI Joints	AP Both obliques	72200 – less than 3 views 72202 – 3 or more views		

☐	Scapula	AP Lateral	73010		
☐	Shoulder	AP (internal) AP (external) Y view	73020 – 1 view 73030 – 2 views		
☐	Sinuses	PA Caldwell Waters Lateral	70210 – 3 views		
☐	Skull	PA Caldwell Lateral	70250 – less than 4 views 70260 – more than 4 views		
☐	Sternum	RAO (40" SID) Lat ((72" SID)	71120 – minimum of 2 views		
☐	Thoracic Spine	AP Lateral Swimmers	72070 – 2 views 72072 – 3 views 72074 – 4 views		
☐	Thoracolumbar	AP Lat	72080 – 2 views		
☐	Thumb	AP Oblique Lateral	73660		
☐	TibFib	AP Lateral	73590		
☐	Toes	AP Oblique Lateral	73660		
☐	Wrist	PA Oblique Lateral	73100 – 2 views 73110 – 3 views		

Provider Signature ___________________________________ Provider Name (Printed) __________________________

NPI: _________________________

Date: ______/______/__________ Time: ___________

Provider/Facility Phone: _______-_______-_________ Provider/Facility Fax: _______-_______-_________