		SING	8878 South Mar	vland Parkway.	STAT	SOUTHERN CALIFORNIA
Fax Order to: FX: (702) 586-0528 FX: (888) 600-1534			Suite 105 Las Vegas, Nevada, 89123		Email orders to: incoming_	NEVADA faxes@professional-nursing.com
Patient Name:		Date of Serivce:		Insurance Information:		
Social Security:		Date of Birth:		Medicare #•		
Ordering Physician:		Physician NPI #:			Medicare #:	
Note: Ordering physician must be licsensed who is treating beneficiary, and who uses the results in the managment of the beneficiary's specific medical problem					Medicaid #:	
Ordering Facility:		Phone:		Co/Other:		
Nurse's Name:		Fax:			Policy #:	
Room #:					Group #:	
Responsible Party:					Other Info:	
Patient's Address:					Circle O	ne Below
Patient's Phone:					Direct Bill:	Yes - No
REASON FOR EXAM:						
**MANTRO MOBILE IMAGING IS A PORTABLE X-RAY SUPPLIER THEREFORE ALL X-RAY REQUEST WILL BE COMPLETED VIA PORTABLE TECHINQUE AND MUST HAVE AN ORDER IN WRITING ON RECORD AT THE FACILITY THAT SPECIFIES BOTH THE REASON AND NEED FOR PORTABLE SERVICES.						
CHECK THE DESIRED EXAM AND NOTE ICD 10 DIAGNOSIS CODE ALONG WITH ANY ADDITIONAL INFORMATION BELOW:						
Head & Neck	Upper Extremity	Lower Extremities	Ultrasound		ICD 10 DIA	AGNOSIS CODES
[] 70250 Skull 2v [] 70250 Skull 4v		[]73501 Hip 1v R L []73502 Hip 2v R L	[] 76641 Breast (DY-	
[] 70210 Sinuses 2v		[] 73521 Hips Bilateral w/pelvis	1	Doppler Unilat R L	DX	
[] 70220 Sinuses 3v		[]73551 Femur 1v R L	[] 93970 Venous		DX:	
[] 70110 Mandible		[] 73552 Femur 2v R L [] 76700 Abdominal				
[] 70140 Facial Bones 2v	[] 73070 Eblow 2v R L	[] 73560 Knee 1-2v R L	[] 76770 Retrope	eritoneal	DX:	
[] 70150 Facial Bones 3v	[] 73080 Elbow 2v R L	[] 73562 Knee 3v R L	[] 76536 Thyroid	/Neck		
[] 70160 Nasal Bones	[] 73110 Wrist 3v R L	[] 73564 Knee 4v R L	[] 76870 Scrotun	n R L	DX:	
[] 70200 Orbits	[]73130 Hand 3v R L	[]73590 Tib/Fib R L	[] 76856 Pelvic			
[] 70140 Maxilla		· · · ·			DX:	
Chest [] 71045 Chest 1v		[]73610 Ankle 3v R L			DV.	
[] 71045 Chest 1v	Gastro-Urological [] 74018 ABD/KUB	[] 73620 Foot 2v R L [] 73630 Foot 3v R L	1	Doppler Upper Bilat	DX:	
[] 71120 Sternum 2v	[] 74019 ABD 2v	[] 73650 Heel/Calcaneus R L			DX:	
[]**71100 Ribs Unilat R L	[] 74021 ABD 3v					
[]**71101 Ribs w/cxr R L	Spine		[] 76881 Non Va	scular	DX:	
[] **71111 Ribs Bil include Cxr	[] 72040 C-spine 2-3v		[] 76881 Non Va	scular Extremity R L		
**THESE EXAMS ARE NO LONGER	[] 72050 C-spine 4v		[] 93306 Echoca	-		
APPLICABLE FOR REIMBURSEMENT	[] 72070 T-Spine 2v	PNCS	[] 93307 Echo C		SYMPTOMS	/ BRIEF HISTORY:
BY MEDICARE FOR MOBILE SERVICES	[] 72110 L-Spine 2-3v	B	[] 76857 Bladder			
Interventional [] 36569 PICC Placement	[] 72220 Sacrum/Coccyx [] 72170 Pelvis	8	[] 76775 Kidney [] 76603 Chest L			
[] 36569 Midline Placement	Electrocardiogram	ø	Other:			
	[] 93005 EKG/ECG					
	PATIENT/RESPONSIBLE PART	Ŷ			FAMILY NURSE OR PROVIDER A	CKNOWLEDGEMENT
						EGULATIONS (CFR) FOR PORTABLE X-RAY
				SUPPLIERS SECTION 42 CFR 48.6.106 REQUIREMENT THAT ALL PORTABLE X-RAYS BE ORDERED BY A		
				PERSON WHO IS A LICENSED PHYSICIAN OR PRACTITIONER.		
				I FURTHER ACKNOWLEDGE THAT THIS ORDER SPECIFIES IN WRITING BOTH THE REASON FOR THE X-RAY AND THE NEED FOR PORTBLE SERVICES AND THAT SUCH ORDERS ARE		
				ON THE FILE AT THIS FACIL		
AND DEDUCTIBLES RELATED TO THIS PROCEDURE. UNPAID BALANCES OVER 30 DAYS WILL ACCRUE A FINANCE CHARGE OF 1.5%						
PER MONTH (18% PER ANNUM) LACKNOWLEDGE THAT I'M NOT PREGNANT OR IF LAM PREGNANT, THE RISKS/BENEIFTS HAVE BEEN						
DISCUSSED WITH MY DOCTOR AND LAGREE TO HOLD MMI HARMLESS IF COMPLICATIONS ARISE FROM PROCEEDING WITH THE						
PORTABLE X-RAY.						
[] CHECK HERE IF PATIENT UNABLE TO SIGN. PATIENT RECIEVED THE ORDERING EXAM(S).				SIGNATURE/TITLE:		
SIGNATURE:DATE:						
IF UNABLE TO SIGN ORDERING PHYSICIAN OR AUTHORIZED						
REPRESENTATIVE'S SIGNTURE: DATE:						