MAS IMAGING
PORTABLE RADIOLOGY

Corporate: **P. (631) 676-3511**
Suffolk: **P/F. (631) 551-5101**
Nassau: **P/F. (516) 490-9058**

Please Fax or Email Scripts/Referrals portable@masimaging.com www.MasImaging.com

Patient's Name _____ DOB _____ Patient Phone # _____

Address _____ Room # _____

Primary Insurance _____ Secondary Insurance _____

Referring Physician _____ NPI # _____

Signature _____

Instructions/Clinical History _____

_____

PORTABLE SERVICES: ☐ Stat ☐ Routine ☐ CD ☐ Fax ☐ Portal

DIGITAL X-RAY

☐ Skull	☐ KUB	☐ Shoulder R/L	☐ Wrist R/L	☐ Tibia/Fibula R/L
☐ Sinuses	☐ Pelvis	☐ Humerus R/L	☐ Fingers R/L	☐ Foot R/L
☐ Chest	☐ C-Spine	☐ Forearm R/L	☐ Hips R/L	☐ Ankle R/L
☐ Ribs R/L	☐ T-Spine	☐ Elbow R/L	☐ Femur R/L	☐ Calcaneus R/L
☐ Abdomen	☐ L-Spine	☐ Hand R/L	☐ Knee R/L	☐ Toes R/L

OTHER SERVICES (Prep instructions on back)

- ☐ Abdomen/Complete Ultrasound
- ☐ Abdomen Spec. Attn. Pelvic US
- ☐ Renal Ultrasound
- ☐ Renal/Bladder Ultrasound
- ☐ Pelvis/Bladder Ultrasound
- ☐ Female Pelvis (TA) Ultrasound
- ☐ Male Pelvic (Prostate) Ultrasound
- ☐ Scrotum/Testes Ultrasound
- ☐ Thyroid Ultrasound
- ☐ Aorta Ultrasound
- ☐ Breast Ultrasound
- ☐ Echocardiogram
- ☐ Echocardiogram Limited
- ☐ EKG
- ☐ Pacemaker
- ☐ OTHER STUDY: _____
- ☐ Venous Duplex (DVT)
  - ☐ Lower Extremity R/L/BIL
  - ☐ Upper Extremity R/L/BIL
- ☐ Arterial Doppler
  - ☐ Lower Extremity R/L/BIL
  - ☐ Upper Extremity R/L/BIL
- ☐ Carotid Doppler
- ☐ Transcranial Doppler

DIAGNOSTIC CODES

171.4 Abnormal electrocardiogram
E11.9 Hypertensive heart disease, unspecified
I08.0 Valve insufficiency
N63 Lump/mass on breast
Z95.0 Cardiac Pace Maker
N39.0 Urinary tract infection
R42 Dizziness and giddiness
Z07.9 Chest pain
R53.83 Other, Fatigue
R00.2 Palpitations
R06.02 Shortness of breath
E66.01 Morbid Obesity
I82.409 DVT
171.4 Abdominal Aneurysm without mention of rupture
R10.84 Abdominal pain
R21.3 Acute Myocardial Infarction unspecified site
I77.9 Unspecified of arteries and arterioles
I73.9 Peripheral vascular disease, unspecified
R60.9 Edema
OTHER DX CODE: _____

_____

_____

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NOTE TO OFFICIALS

A portable X-RAY is being ordered since this patient would find it physically and/or psychologically taxing, because of advanced age and/or physical limitations to receive X-RAY outside the home. This test is medically necessary for the diagnosis and treatment of this patient.

ULTRASOUND PREP

ABDOMEN - Nothing to eat or drink 4-6 hours prior to the exam

BLADDER - Drink 32oz. of water 1 hour prior to the exam

RENAL ARTERIAL DOPPLER - Nothing to eat or drink 2 hours prior to the exam