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FIRST NAME: _____ LAST NAME: _____ SEX: _____

DOB: _____ PHONE: _____ LAST 4 OF SSN: _____ DOA: _____

INSURANCE NAME: _____ CLAIM NUMBER: _____

ATTORNEY NAME: _____ TYPE: MVA SLIP & FALL OTHER _____

MRI EXAMS

	70551	BRAIN W/O		73221	SHOULDER R L		73718	FOOT R L
	72141	CERVICAL W/O		73721	KNEE R L		73218	ANKLE R L
	72146	THORACIC W/O		73221	ELBOW R L		70551	CHEST
	72148	LUMBAR W/O		73221	WRIST R L		73721	FOREARM R L
	72195	PELVIS W/O		73218	HAND R L		73721	HIP R L

X-RAY EXAMS

	74019	ABDOMEN 2V		73552	FEMUR R L		72100	LUMBAR 2-3V
	73600	ANKLE 2V R L		73620	FOOT 2V R L		72170	PELVIS 3V
	71046	CHEST 2V		73630	FOOT 3V + R L		73030	SHOULDER 2V R L
	73000	CLAVICLE 2V R L		73130	HAND R L		70260	SKULL
	72040	CERVICAL 2-3V		73501	HIP 1V R L		71120	STERNUM 2V
	72050	CERVICAL 4-5V		73502	HIP 2V R L		72070	THORACIC 2V
	72052	CERVICAL 6V +		73521	HIP BILATERAL 2V		73590	TIB / FIB 2V R L
	73070	ELBOW 2V R L		73522	HIP BILATERAL 3-4V		73660	TOES R L
	73080	ELBOW 3V + R L		73560	KNEE 1-2V R L		73110	WRIST R L
	70030	EYE (CLEARANCE) 2V		73562	KNEE 3V R L			OTHER EXAM

DIAGNOSIS CODES: _____

EMC NEEDED: ☐ YES ☐ NO

PHYSICIAN NAME: _____ PHONE: _____

PHYSICIAN SIGNATURE: _____ FAX: _____