Prime Imaging Center

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PATIENT NAME:	PHONE:	DOB:
LAST 4 OF SOCIAL:	DOA:	SEX:
INSURANCE NAME:	CLAIM NUMBER:	
ATTORNEY NAME:	TYPE: MVA SLIP AND FALL OTHER	

MRI EXAMS

☐	70551	BRAIN W/O
☐	72141	CERVICAL W/O
☐	72146	THORACIC W/O
☐	72148	LUMBAR W/O
☐	72195	PELVIS W/O

☐	73221	SHOULDER R L
☐	73721	KNEE R L
☐	73221	ELBOW R L
☐	73221	WRIST R L
☐	73218	HAND R L

☐	73718	FOOT R L
☐	73218	ANKLE R L
☐	70551	CHEST
☐	73721	FOREARM R L
☐	73721	HIP R L

X-RAY EXAMS

☐	74019	ABDOMEN 2V
☐	73600	ANKLE 2V R L
☐	71046	CHEST 2V
☐	73000	CLAVICLE 2V R L
☐	72040	CERVICAL 2-3V
☐	72050	CERVICAL 4-5V
☐	72052	CERVICAL 6V +
☐	73070	ELBOW 2V R L
☐	73080	ELBOW 3V + R L
☐	70030	EYE (CLEARANCE) 2V

☐	73552	FEMUR R L
☐	73620	FOOT 2V R L
☐	73630	FOOT 3V + R L
☐	73130	HAND R L
☐	73501	HIP 1V R L
☐	73502	HIP 2V R L
☐	73521	HIP BILATERAL 2V
☐	73522	HIP BILATERAL 3-4V
☐	73560	KNEE 1-2V R L
☐	73562	KNEE 3V R L

☐	72100	LUMBAR 2-3V
☐	72170	PELVIS 3V
☐	73030	SHOULDER 2V R L
☐	70260	SKULL
☐	71120	STERNUM 2V
☐	72070	THORACIC 2V
☐	73590	TIB / FIB 2V R L
☐	73660	TOES R L
☐	73110	WRIST R L
☐		OTHER EXAM

DIAGNOSIS CODES: _____

EMC NEEDED: ☐ YES ☐ NO

PHYSICIAN NAME:_____ PHONE :_____

PHYSICIAN SIGNATURE:_____ FAX :_____