VUEPOINT diagnostics

Tel: 256-456-5870 • 1-866-466-2721
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REQUISITION

Ordering Physician

Name: Last _____
First _____
Fac. Tel. : _____
Fax Report To: _____
Tech Name: _____

DATE OF SERVICE _____ / _____ / _____ STATION/ROOM # _____

FACILITY NAME _____ STAT ❑ ROUTINE ❑

PATIENT NAME _____ _____
Last First

HOME HEALTH PATIENT ADDRESS: _____

_____

_____ PHONE: _____

DATE OF BIRTH _____ / _____ / _____ **Male ❑** **Female ❑**

SOCIAL SECURITY# _____ - _____ - _____

MEDICARE# _____

Diagnosis/Symptom/Reason Required

Other Exams: _____

~ Please Circle # of Views ~

X-RAY EXAMS			# of Views
Abdomen, 1 vw			1 2 3
Chest			1 2
Ribs, Unilateral	Rt	Lt	2 3
Ribs, Uni w/chest	Rt	Lt	3
Ribs, Bi	Rt	Lt	3
Ribs, Bi w/chest	Rt	Lt	4
UPPER EXTREMITY EXAMS			
Elbow	Rt	Lt	2 3
Forearm	Rt	Lt	
Hand	Rt	Lt	2 3
Humerus	Rt	Lt	
Fingers	Rt	Lt	
Shoulder	Rt	Lt	1 2
Wrist	Rt	Lt	2 3

LOWER EXTREMITY EXAMS			# of Views
Ankle	Rt	Lt	2 3
Femur	Rt	Lt	1 2
Foot	Rt	Lt	2 3
Knee	Rt	Lt	1 2 3
Pelvis	Rt	Lt	1 2
Tibia-Fibula	Rt	Lt	
Hip w/pelvis, unilateral	Rt	Lt	123456
Hip w/pelvis, bilateral	Rt	Lt	123456
Sacrum/Coccyx	Rt	Lt	
Toes	Rt	Lt	

Other Exam					
93000	EKG				

ULTRASOUND EXAMS		CPT code(s)
	Abdomen Complete	76700
	Abdominal Ltd.	76705
	Aorta/Iliac ultrasound	93978
	Breast (unilateral or bilateral)	76645
	Carotid	93880
	Duplex arterial lower ext. bilateral	93925
	Duplex arterial lower ext. unilatersl	93926
	Echocardiogram complete (adult)	93306
	Kidneys	76770
	Scrotum complete	76870,93975
	Thyroid	76536
	Venous (lower or upper) bilateral	93970
	Venous (lower or upper) unilateral	93971

~ Please Circle # of Views ~

SPINE EXAMS	# of Views
Cervical	1 2 3 4 5
Lumbosacral	2 3 4
Thoracic	2 3 4

~ Please Circle Diagnosis Code ~

SYMPTOMS/ DIAGNOSIS/ REASON	DIAG. CODE
Chest/Ribs	
Abnormal Chest Sounds	R09.89
Chest/Pulmonary Congestion	R09.81
CHF	I50.9
COPD	J44.1
Cough	R0.5
Pain - Chest/Rib	R07.1
Pleural Effusion	J91.8
Pneumonia	J18.9
Pressure/Tightness of Chest	R07.9
Shortness of Breath	R06.02
Fever/Elev Temp	R50.9
Pressure, Tightness in Chest	R07.9
Emphysema	J43
Respiratory Distress	J80
Wheezing	R06.2
PICC - Replacement	Z95.9

~ Please Circle Diagnosis Code ~

SYMPTOMS/ DIAGNOSIS/ REASON	DIAG. CODE
Abdomen	
Abnormal Distention	R14.0
Abnormal Bowel Sounds	R19.15
Constipation	K59.00
Diarrhea	R19.7
Intestinal Obstruction	K56.69
Nausea	R11.10
Pain - Abdominal (Cramps)	R10.9
Pain - Stomach	R10.84
Tube Replacement	Z93.1
Vomiting	R11.11

The person signing below verifies the medical necessity of the test being performed. The signature also verifies the presence of physicians order for the test being performed. Doctor certifies that this patient, because of age, physical limitations, and for the care of the patient, the exam should not be conducted outside the above location. We will follow any physician modification to this form.

- Please circle Diagnosis Code -

SYMPTOMS/ DIAGNOSIS/ REASON	DIAG. CODE
Skeletal/ Bone	
Edema	R60.9
Pain - Ankle	M25.573
Pain - Cervical	M54.2
Pain in Limb	M79.609
Pain - Head (skull, facial area)	R52
Pain - Hip	M25.559
Pain - Joint	M25.50
Pain - Knee	M25.569
Pain - Low Back	M54.5
Pain - Shoulder	M25.519
Pain - Thoracic	M54.6
Pain - Wrist	M25.539
Pain - Hand	M79.643
Pain -Foot	M79.673

Signature Required: _____