

MOBILE X-RAY

*** OFFICE USE ONLY ***

Nursing Home:
Exam:
Clinical Indication:

Date Exam Completed:		
MRN#		
Trip #:	Pt Seen:	Departure Time:

Date for Patient to be x-rayed:	Contact name for confirmation call back:
Direct Phone #:	Fax #:

Skilled **Non-Skilled**

Patient Name:	Date of Birth:	SSN:
Weight:	Room #	Bed #
Primary Ins:		Secondary Ins:
Policy ID:		Policy ID:

Physician Printed Name	Physician Signature <small>**Rubber Stamp Not Acceptable**</small>
Date & Time Order Written: AM / PM	

Mon-Fri: Mobile Scheduling Fax: (434) 237-4554

Fax machine is monitored Monday-Friday until 4:45PM. Faxes are not checked after 5PM or on the weekends. We confirm receipt of all faxes within 30 minutes. If you do not receive a call back, then your fax was not received & your written order was not processed.

Written orders are required for ALL mobile x-rays

Same day service if called in by **5PM Monday through Friday**
 Same day service is called by **12 noon on Saturday**
 Otherwise, x-ray will be performed in the order that it was received on the following business day.
