



JTK IMAGING SERVICES

Phone: 1.918.910.4067
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XRAY • EKG • STAFFING

Service Requisition

- SKILLED
 UNSKILLED

2413 Saint Andrews Court • Muskogee, OK 74403

PATIENT AND INSURANCE INFORMATION		Facility	Address			
Patient's Last Name		Patient's First Name		Patient's M.I.	Date of Birth	M/F
Medicare Number & Letter		Medicaid Number		Social Security Number		
Secondary Insurance Company		Referring Physician Name			Street Address	
Name		City, State, Zip			UPIN (if Applicable)	
Address		Phone				
City		State		Zip		
Policy #		Group #		Phone # [AC]		
Responsible Party		Date X-Ray/EKG Taken	Time Tech. at Facility	Contact Person	Phone Number	
Street Address		Physician's Signature				
City, State, Zip		A portable X-RAY/EKG is being ordered since this patient would find it physically and/or psychologically taxing, because of advanced age and physical limitations, to receive an X-RAY/EKG outside this home. This test is medically necessary for the diagnosis and treatment of this patient.				
Phone No.		Radiologist - Cardiologist		Technologist		
		Date Sent to Radiologist				

CLINICAL HISTORY INFORMATION

Exam Ordered
Clinical

DIAGNOSIS CODES

ICD 9 <input type="checkbox"/> 789.07 Abdominal Pain, Generalized <input type="checkbox"/> 789.04 Abdominal Pain, LLQ <input type="checkbox"/> 789.02 Abdominal Pain, LUQ <input type="checkbox"/> 789.03 Abdominal Pain, RLQ <input type="checkbox"/> 789.01 Abdominal Pain, RUQ <input type="checkbox"/> 789.00 Abdominal Pain, Unspecified <input type="checkbox"/> 413.9 Angina Pectoris, Unspecified <input type="checkbox"/> 427.89 Cardiac Dysrhythmias, Specified <input type="checkbox"/> 490 Bronchitis, Unspecified <input type="checkbox"/> 170.9 Cancer/Bones, Unspecified Sites <input type="checkbox"/> 212.3 Cancer/Lungs <input type="checkbox"/> 429.3 Cardiomegaly <input type="checkbox"/> 786.50 Chest Pain, Unspecified <input type="checkbox"/> 786.7 Chest Pain <input type="checkbox"/> 428.0 CHF (Congestive Heart Failure) <input type="checkbox"/> 514 Congestion	ICD 10 <input type="checkbox"/> R10.84 <input type="checkbox"/> R10.32 <input type="checkbox"/> R10.12 <input type="checkbox"/> R10.31 <input type="checkbox"/> R10.11 <input type="checkbox"/> R10.32 <input type="checkbox"/> I20.9 <input type="checkbox"/> I49.8 <input type="checkbox"/> J40 <input type="checkbox"/> C41.9 <input type="checkbox"/> D14.30 <input type="checkbox"/> I51.7 <input type="checkbox"/> R07.9 <input type="checkbox"/> R09.89 <input type="checkbox"/> I50.9 <input type="checkbox"/> R09.89	ICD 9 <input type="checkbox"/> 496 COPD (Chro. Obstr. Pulm. Disease) <input type="checkbox"/> 786.2 Cough <input type="checkbox"/> 780.4 Dizziness <input type="checkbox"/> 782.3 Edema, Unspecified <input type="checkbox"/> E888.9 Fall, Unspecified <input type="checkbox"/> 427.31 Atrial Fibrillation <input type="checkbox"/> 429.9 Heart Disease, Unspecified <input type="checkbox"/> 591 Hydronephrosis <input type="checkbox"/> 401.9 Hypertension <input type="checkbox"/> 560.1 Paralytic Ileus/Ileus <input type="checkbox"/> 793.19 Pulmonary Infiltrate <input type="checkbox"/> 427.9 Cardiac Arrhythmia, Unspecified <input type="checkbox"/> 730.20 Osteomyelitis, Unspecified Site <input type="checkbox"/> 719.45 Hip/Pelvis Pain, Unspecified <input type="checkbox"/> 724.2 Lumbar Pain <input type="checkbox"/> 729.5 Pain in Limb	ICD 10 <input type="checkbox"/> J44.9 <input type="checkbox"/> R05 <input type="checkbox"/> R42 <input type="checkbox"/> R60.9 <input type="checkbox"/> W19.XXXX <input type="checkbox"/> I48.91 <input type="checkbox"/> I51.9 <input type="checkbox"/> N13.30 <input type="checkbox"/> I10 <input type="checkbox"/> K56.0 <input type="checkbox"/> R91.8 <input type="checkbox"/> I49.9 <input type="checkbox"/> M86.9 <input type="checkbox"/> M25.559 <input type="checkbox"/> M54.5 <input type="checkbox"/> M79.609	ICD 9 <input type="checkbox"/> 719.43 Wrist/Forearm Pain <input type="checkbox"/> 719.47 Ankle/Foot/Toe Pain <input type="checkbox"/> 723.1 Pain in C-Spine <input type="checkbox"/> 724.79 Pain in Coccyx <input type="checkbox"/> 719.42 Elbow/Humerus Pain <input type="checkbox"/> 719.44 Hand/Finger Pain <input type="checkbox"/> 784.0 Headache <input type="checkbox"/> 854.00 Head Pain (traumatic), Unspecified <input type="checkbox"/> 719.40 Joint Pain, Unspecified <input type="checkbox"/> 719.46 Lower Leg/Knee Pain <input type="checkbox"/> 719.49 Pain in Multiple Sites <input type="checkbox"/> 719.41 Shoulder/Clavicle Pain <input type="checkbox"/> 724.1 Thoracic/Mid-Back Pain <input type="checkbox"/> 785.1 Palpitations <input type="checkbox"/> 795.51 Positive Tine <input type="checkbox"/> 473.9 Sinusitis	ICD 10 <input type="checkbox"/> M25.539 <input type="checkbox"/> M25.579 <input type="checkbox"/> M54.2 <input type="checkbox"/> M53.3 <input type="checkbox"/> M25.529 <input type="checkbox"/> M79.643 <input type="checkbox"/> G44.1 <input type="checkbox"/> S06.890A <input type="checkbox"/> M25.50 <input type="checkbox"/> M25.569 <input type="checkbox"/> M25.50 <input type="checkbox"/> M25.519 <input type="checkbox"/> M54.6 <input type="checkbox"/> R00.2 <input type="checkbox"/> R76.11 <input type="checkbox"/> J32.9	ICD 9 <input type="checkbox"/> 786.05 SOB (Shortness of Breath) <input type="checkbox"/> 780.2 Syncope <input type="checkbox"/> 785 Tachycardia <input type="checkbox"/> V12.01 Personal Hx of Tuberculosis <input type="checkbox"/> 787.03 Vomiting Alone <input type="checkbox"/> 780.79 Weakness/Fatigue <input type="checkbox"/> 786.07 Wheezing <input type="checkbox"/> 724.6 Pain in Sacrum <input type="checkbox"/> 786.59 Chest Pain, Other <input type="checkbox"/> 462 Acute Pharyngitis <input type="checkbox"/> 787.3 Abdominal Distention <input type="checkbox"/> 786.09 Respiratory Abnormality, NEC <input type="checkbox"/> 786.39 Cough with Hemorrhage <input type="checkbox"/> V53.31 Fitting/Adjustment of Cardiac Pacemaker <input type="checkbox"/> V58.81 PICC/Central Line Placement <input type="checkbox"/> V58.82 NG Tube Placement	ICD 10 <input type="checkbox"/> R06.02 <input type="checkbox"/> R55 <input type="checkbox"/> R00.0 <input type="checkbox"/> Z86.11 <input type="checkbox"/> R11.10 <input type="checkbox"/> R53.83 <input type="checkbox"/> R06.2 <input type="checkbox"/> M53.3 <input type="checkbox"/> R07.89 <input type="checkbox"/> J02.9 <input type="checkbox"/> R14.0 <input type="checkbox"/> R06.89 <input type="checkbox"/> R04.89 <input type="checkbox"/> Z45.018 <input type="checkbox"/> Z45.2 <input type="checkbox"/> Z46.82
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PROCEDURES PERFORMED (CPT CODES)

Transport	SPINE	UPPER EXTREMITIES	LOWER EXTREMITIES
	72020 Spine - single view	73000 Clavicle	73550 Femur
HEAD and NECK	72040 Spine - cervical	73010 Scapula	73560 Knee - A/P & lat
70110 Mandible	72070 Spine - thoracic	73020 Shoulder - 1 view	73562 Knee - 3 or more views
70150 Facial Bones	72080 Spine - thoracolumbar	73030 Shoulder - A/P & lat	73590 Tibia and Fibula
70160 Nasal Bones	72100 Spine - lumbosacral	73060 Humerus	73600 Ankle - A/P & lat
70220 Sinuses	72110 Spine - lumbosacr cmlpt	73070 Elbow - A/P & lat	73610 Ankle - 3 or more views
70250 Skull, 1 - 3 views	72220 Spine - Sacrum and coccyx	73080 Elbow - 3 views	73620 Foot - A/P & lat
70260 Skull, 4 views	PELVIS and HIPS	73090 Forearm	73630 Foot - 3 views
CHEST	72170 Pelvis - A/P only	73100 Wrist - A/P & lat	73650 Calcaneus
71010 Chest - A/P	73500 Hip - unilateral	73110 Wrist - 3 views	73660 Toes
71020 Chest - A/P & lat.	73510 Hip - 2 views	73120 Hand - 2 views	ABDOMEN
71100 Ribs - unilateral	73520 Hip - bilateral	73130 Hand - 3 views	74000 Abdomen - A/P
71110 Ribs - bilateral	EKG	73140 Fingers	74010 Abdomen - 2 views
71120 Sternum	93000 12 Leads EKG		

(White = Billing Yellow = Film Jacket

Pink = Nursing Home