alinea | MEDICAL IMAGING

X-RAY PATIENT FORM

CONTACT: (909) 622-3166

Last: ____________ First: ____________ MI: ______

Address: ____________ Apt# ______ DOB: ____________ SEX: ☐ Male ☐ Female

City: ____________ State: ______ Zip: ______ Email: ____________

Phone: ( ) ____________ SS#: ____________ Referred By: ____________

METHOD OF PAYMENT: *(Circle one)* **EWC** **Insurance** **Medi-Cal** **Medicare** **Cash** **Bill Doctor/Clinic** **PI / WC**

Have you ever had an exam with us before? ☐ Yes ☐ No

Is this your first x-ray? ☐ Yes ☐ No If no, when and where have you had an exam? ____________

FOR WOMEN ONLY:

Please answer all that apply:

Are you currently pregnant? **YES / NO**

Date of last menstrual period: ____________

Have you had a hysterectomy. If yes, what age? ______

Information Verified By Staff: ____________

ASSIGNMENT AND RELEASE:

I hereby assign my insurance benefits to be paid directly to Alinea Medical Imaging. I accept responsibility for non-covered services. I also authorize Alinea Medical Imaging to release information to my insurance carrier to process this claim.

RELEASE OF MEDICAL RECORDS:

I hereby authorize Alinea Medical Imaging to release my films and reports to any requesting physician or medical facility providing my medical care for continuing treatment in my health care. This authorization will remain in effect for 1 year from the date of my signature.

X: ____________ **Date:** ____________

OFFICIAL USE

MRN: ____________ Date of Exam: ____________

Accession#: ____________ Tech: ____________ TA: ____________

ABDOMEN & PELVIS

- ☐ **74000** Abdomen 1v (KUB)
- ☐ **74010** Abdomen 2v
- ☐ **72170** Pelvis

CHEST & THORAX

- ☐ **71010** Chest 1v
- ☐ **71020** Chest 2v
- ☐ **71111** Ribs - CXR 1v BILAT
- ☐ **71101** Ribs - CXR 1v R L
- ☐ **71120** Sternum 2v
- ☐ **71130** Sternoclavicular

SKULL

- ☐ **70150** Facial Bones
- ☐ **70140** Facial Bones 3v
- ☐ **70110** Mandible 4v
- ☐ **70160** Nasal Bones
- ☐ **70200** Orbits
- ☐ **70220** Sinus (complete)
- ☐ **70210** Sinus 2v (limited)
- ☐ **70260** Skull (complete)
- ☐ **70250** Skull 2v (limited)
- ☐ **70330** TMJ BILAT

- ☐ **93000** EKG
- ☐ **76977** BONE DENSITY

SPINE

- ☐ **72040** C-Spine 3v
- ☐ **72050** C-Spine 5v
- ☐ **72052** C-Spine 7v (inc flex/ext)
- ☐ **72100** L-Spine 3v (limited)
- ☐ **72110** L-Spine 5v (complete)
- ☐ **72114** L-Spine 7v (inc flex/ext)
- ☐ **72220** Sacrum/Coccyx
- ☐ **72202** SI Joints
- ☐ **72081** Entire Spine - C,T,L,S 1v
- ☐ **72082** Entire Spine - C,T,L,S 2-3v
- ☐ **72083** Entire Spine - C,T,L,S 4-5v
- ☐ **72084** Entire Spine - C,T,L,S 6v+
- ☐ **70360** Soft Tissue Neck
- ☐ **72072** T-Spine 3v
- ☐ **72070** T-Spine 2v
- ☐ **72080** Thoracolumbar 2v

LOWER EXTREMITIES

- ☐ **73610** Ankle 3v (complete) R L
- ☐ **73600** Ankle 2v (limited) R L
- ☐ **73630** Foot 3v (complete) R L
- ☐ **73620** Foot 2v (limited) R L
- ☐ **73551** Femur 1v R L
- ☐ **73552** Femur 2v R L
- ☐ **73650** Heel/OS Calsis

LOWER EXTREMITIES (cont'd)

- ☐ **73521** Hip w/Pelvis 2v BILAT
- ☐ **73522** Hip w/Pelvis 3-4v BILAT
- ☐ **73523** Hip w/Pelvis 5v+ BILAT
- ☐ **73501** Hip w/Pelvis 1v R L
- ☐ **73502** Hip w/Pelvis 2-3v R L
- ☐ **73503** Hip w/Pelvis 4v+ R L
- ☐ **73562** Knee 3v (complete) R L
- ☐ **73560** Knee 2v (limited) R L
- ☐ **73590** Tib/Fib R L
- ☐ **73660** Toe(s) R L

UPPER EXTREMITIES

- ☐ **73000** Clavicle R L
- ☐ **73080** Elbow (complete) R L
- ☐ **73070** Elbow 2v (limited) R L
- ☐ **73140** Finger(s) R L
- ☐ **73090** Forearm R L
- ☐ **73130** Hand 3v (complete) R L
- ☐ **73120** Hand 2v (limited) R L
- ☐ **73060** Humerus R L
- ☐ **73010** Scapula R L
- ☐ **73030** Shoulder (complete) R L
- ☐ **73020** Shoulder 1v (limited) R L
- ☐ **73110** Wrist 3v (complete) R L
- ☐ **73100** Wrist 2v (limited) R L