

ROADRUNNER RADIOLOGY

PORTABLE REFERRAL FORM

PH: 866-972-9786 • FAX: 254-393-1671 • orders@roadrunnerradiology.com

Date of Service /			SERVICES AV	-
Ordering Facility/Company		Room#	ORDERING PHYSICIAN, NP or PA:	
PATIENT NAME			NAME:	
**If patient is homebound please put home address			PHONE #:	
ADDRESS			NPI #:	
DATE OF BIRTH / Male			FAX REPORT TO:	
SOCIAL SECURITY #			EMAIL REPORT TO:	
			DEDCOM CICNING DELO	W VERIFIES THE MEDICAL
MEDICARE #			NECESSITY OF THE TEST	BEING PERFORMED. THE
MEDICAID #			SIGNATURE ALSO VERIF PHYSICIAN'S ORDER (W	
INSURANCE CO./SECONDARY #			BEING PERFORMED.	
*PLEASE FAX COPY OF PATIENTS INSURA	NCE CARD WITH ORDER	?	ACTUAL (fax) or DIGITAL (email) SIGNATURE REQUIRED:
ROUTINE STAT				
ROOTINE STAT				
Portable Services need to be perform	med due to:			
□ EKG *ATTENTION IMPORTA	NT Medicare requires the DI	R. to provide the diagnos	is code for exams ordered.	
X-RAY PROCEDURES	DIAGNOSIS			DIAGNOSIS
☐ KUB - 1v		☐ Mandible -		
☐ Abdomen - 2v or 3v		☐ Nasal Bone		
Chest - 2v		Sinuses - 3	/	
Ribs - 3v Rt / Lt		Skull - 2v		
Clavical - 2v Rt / Lt		ULTRASOUN	ID PROCEDURES	
☐ Elbow - 3v Rt / Lt		☐ Abdominal	Complete nc, Kidneys, Spleen, AO/IVC)	
Fingers - 3v Rt / Lt (1 2 3 4 5)				
Forearm - 2v Rt / Lt		Abdominal (Single organ, Sing	JITTITEE Grant Self tissue of ADB wall, 4	quad-eval ascites)
Hand - 3v Rt / Lt		☐ BUE/BLE Ve		
☐ Humerus - 2v Rt / Lt ☐ Scapula - 2v Rt / Lt		☐ Lt Upper/Lo	wer Ext. Venous Dop.	
☐ Scapula - 2v Rt / Lt ☐ Shoulder - 3v Rt / Lt			wer Ext. Venous Dop.	
☐ Wrist - 3v Rt / Lt			r Ext. Arterial Dop.	
☐ Ankle - 3v Rt / Lt			Ext. Arterial Dop.	
Femur - 2v Rt / Lt			ver Ext. Arterial Dop.	
Foot - 3v Rt / Lt			per Ext. Arterial Dop.	
Calcaneous - 2v Rt / Lt		☐ Bilateral Ca		
☐ Hip - 3v Rt / Lt		☐ Renal (Kidne) ☐ Gallbladde		
☐ Knee - 3v Rt / Lt		_	hial Indices Bilateral	
☐ Pelvis - 2v			ft Tissue Neck	
☐ Tibia-Fibia - 2v Rt / Lt		•	e (Bladder & Prostate)	
☐ Toes - 3v Rt / Lt (1 2 3 4 5)		☐ Pelvic - Fen	nale	
Sternum - 2v		(Uterus, Ovaries, A	dnexal regions, Bladder)	
Cervical Spine - 3v			(Specify in detail of location)	
Lumbar Spine - 3v			Aortic Ultrasound	
Sacrum/Coccyx - 3v		☐ Echocardio ☐ Bladder	yraili	
☐ Thoracic Spine - 2v ☐ Facial Bones - 3v				
		Other		