ROADRUNNER RADIOLOGY
PORTABLE REFERRAL FORM

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

Date of Service _____ /_____ /_____

Ordering Facility/Company _____ Room#_____

PATIENT NAME _____

If patient is homebound please put home address

ADDRESS_____

DATE OF BIRTH _____ /_____ /_____ Male ☐ Female ☐ PHONE #_____

SOCIAL SECURITY # _____ - _____ - _____

MEDICARE # _____

MEDICAID # _____

INSURANCE CO./SECONDARY #_____

PLEASE FAX COPY OF PATIENTS INSURANCE CARD WITH ORDER

☐ **ROUTINE** ☐ **STAT**

SERVICES AVAILABLE 24/7

ORDERING PHYSICIAN, NP or PA:

NAME: _____

NPI #: _____

FAX REPORT TO: _____

EMAIL REPORT TO: _____

PERSON SIGNING BELOW VERIFIES THE MEDICAL NECESSITY OF THE TEST BEING PERFORMED. THE SIGNATURE ALSO VERIFIES PRESENCE OF PHYSICIAN'S ORDER (WRITTEN) FOR THE TEST BEING PERFORMED.

ACTUAL (fax) or DIGITAL (email) SIGNATURE REQUIRED:

_____

Portable Services need to be performed due to: _____

☐ **EKG** ***ATTENTION IMPORTANT** Medicare requires the DR. to provide the diagnosis code for exams ordered.

X-RAY PROCEDURES

	DIAGNOSIS
☐ KUB - 1v	
☐ Abdomen - 2v or 3v	
☐ Chest - 2v	
☐ Ribs - 3v Rt / Lt	
☐ Clavical - 2v Rt / Lt	
☐ Elbow - 3v Rt / Lt	
☐ Fingers - 3v Rt / Lt (1 2 3 4 5)	
☐ Forearm - 2v Rt / Lt	
☐ Hand - 3v Rt / Lt	
☐ Humerus - 2v Rt / Lt	
☐ Scapula - 2v Rt / Lt	
☐ Shoulder - 3v Rt / Lt	
☐ Wrist - 3v Rt / Lt	
☐ Ankle - 3v Rt / Lt	
☐ Femur - 2v Rt / Lt	
☐ Foot - 3v Rt / Lt	
☐ Calcaneous - 2v Rt / Lt	
☐ Hip - 3v Rt / Lt	
☐ Knee - 3v Rt / Lt	
☐ Pelvis - 2v	
☐ Tibia-Fibia - 2v Rt / Lt	
☐ Toes - 3v Rt / Lt (1 2 3 4 5)	
☐ Sternum - 2v	
☐ Cervical Spine - 3v	
☐ Lumbar Spine - 3v	
☐ Sacrum/Coccyx - 3v	
☐ Thoracic Spine - 2v	
☐ Facial Bones - 3v	

	DIAGNOSIS
☐ Mandible - 2v	
☐ Nasal Bones - 2v	
☐ Sinuses - 3v	
☐ Skull - 2v	

ULTRASOUND PROCEDURES

☐ Abdominal Complete (Liver, CBD, GB, Panc, Kidneys, Spleen, AO/IVC)	
☐ Abdominal Limited (Single organ, Single quad, Soft tissue of ADB wall, 4 quad-eval ascites)	
☐ BUE/BLE Venous Dop.	
☐ Lt Upper/Lower Ext. Venous Dop.	
☐ Rt Upper/Lower Ext. Venous Dop.	
☐ Bilat. Upper Ext. Arterial Dop.	
☐ Bilat. Lower Ext. Arterial Dop.	
☐ Lt or Rt Lower Ext. Arterial Dop.	
☐ Lt or Rt Upper Ext. Arterial Dop.	
☐ Bilateral Carotid	
☐ Renal (Kidneys & Bladder)	
☐ Gallbladder	
☐ Ankle/Brachial Indices Bilateral	
☐ Thyroid/Soft Tissue Neck	
☐ Pelvic - Male (Bladder & Prostate)	
☐ Pelvic - Female (Uterus, Ovaries, Adnexal regions, Bladder)	
☐ Soft Tissue (Specify in detail of location)	
☐ Abdominal Aortic Ultrasound	
☐ Echocardiogram	
☐ Bladder	

Other_____