Pacific Coast Mobile Radiology
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Examination Request
Compassionate • Reliable • Dedicated

Patient Last Name: | **First Name:** | **Date of Birth:** | **Room** | **Bed #**

Physician:

Facility:

Called By:

Date:

Time:

Priority: **ROUTINE** **ASAP** **STAT**

Physician Signature

X:

Symptoms/Diagnosis: (Check all that Apply)

- ☐ NG TUBE PLACEMENT
- ☐ PICC-LINE PLACEMENT
- ☐ ABDOMINAL DISTENTION
- ☐ ABNORMAL BOWEL SOUNDS
- ☐ COPD
- ☐ COUGH
- ☐ FEVER
- ☐ CHF
- ☐ PLEURAL EFFUSION
- ☐ PNEUMONIA
- ☐ PNEUMOTHORAX
- ☐ VOMITING
- ☐ NAUSEA
- ☐ SOB
- ☐ URI-UPPER RESPIRATORY INFECTION
- ☐ INFILTRATES
- ☐ WHEEZING
- ☐ ATELECTASIS
- ☐ CHEST CONGESTION
- ☐ CHEST RALES
- ☐ CONTACT W/ OR EXPOSURE TO TB
- ☐ POSITIVE PPD REACTION
- ☐ PAIN
- ☐ SWELLING
- ☐ CONCUSSION
- ☐ DJD-DEGENERATIVE DISC. DIS
- ☐ OSTEOPOROSIS / OSTEOMYLITIS
- ☐ OTHER- EXPLAIN

EKG-Symptoms

- ☐ ASHD
- ☐ ATRIAL FIBRILLATION
- ☐ ARRHYTHMIA
- ☐ CARDIOMEGALY
- ☐ CHEST PAIN
- ☐ CHF
- ☐ HYPERTENSION
- ☐ ISCHEMIC HEART
- ☐ MURMUR
- ☐ PREMATURE BEATS
- ☐ TACHYCARDIA
- ☐ OTHER-EXPLAIN

	RVS Code	Description	Lt.	Rt.	Bilat.
☐	74020	Abdomen Complete	☐	☐	☐
☐	74018	Abdominal (KUB)	☐	☐	☐
☐	73610	Ankle Complete	☐	☐	☐
☐	73000	Clavicle	☐	☐	☐
☐	72040	Cervical Limited	☐	☐	☐
☐	71045	Chest 1 View	☐	☐	☐
☐	71046	Chest 2 View	☐	☐	☐
☐	73080	Elbow Complete	☐	☐	☐
☐	93000	Electrocardiogram			
☐	70140	Facial Bones	☐	☐	☐
☐	73552	Femur	☐	☐	☐
☐	73140	Fingers	☐	☐	☐
☐	73630	Foot Complete	☐	☐	☐
☐	73090	Forearm	☐	☐	☐
☐	73130	Hand Complete	☐	☐	☐
☐	73502	Hip Complete	☐	☐	☐
☐	73060	Humerus	☐	☐	☐
☐	73560	Knee Complete	☐	☐	☐
☐	72100	Lumbar Limited	☐	☐	☐
☐	70100	Mandible Limited	☐	☐	☐
☐	70160	Nasal Bones	☐	☐	☐
☐	73650	Calcaneus	☐	☐	☐
☐	70210	Paranasal Sinus	☐	☐	☐
☐	72170	Pelvis	☐	☐	☐
☐	71100	Ribs Limited	☐	☐	☐
☐	72200	Sacrolllac JT	☐	☐	☐
☐	72220	Sacrum Coccyx	☐	☐	☐
☐	73010	Scapula	☐	☐	☐
☐	73030	Shoulder Complete	☐	☐	☐
☐	70250	Skull Complete	☐	☐	☐
☐	71130	Sterno JT.	☐	☐	☐
☐	71120	Sternum	☐	☐	☐
☐	72080	Thoracic Lumbar	☐	☐	☐
☐	72070	Thoracic Spine	☐	☐	☐
☐	73590	Tibia Fibula	☐	☐	☐
☐	73660	Toes	☐	☐	☐
☐	73110	Wrist Complete	☐	☐	☐

NOTES:

To Be Filled Out by Tech- Tech Name: | **Date of Service:** | **Time:**