

## X-RAY ORDER FORM

STAT

Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Patient D.O.B \_\_\_\_\_

Referring Physician: \_\_\_\_\_

Physician Signature: \_\_\_\_\_

Symptoms/Diagnosis: \_\_\_\_\_

### ABDOMEN

- KUB (1 VIEW)
- Abdomen Upright
- Abdomen Obstructive
- Series

### CHEST

- PA/LAT
- R L B Ribs & PA
- Chest
- Sternum
- S.C. Joints

### SPINE & PELVIS

- Cervical Spine
- Thoracic Spine
- Lumbo-Sacral Spine
- Sacrum & Coccyx
- Scoliosis 2 View
- Scoliosis Series (unstitched)
- S.I. Joints
- AP Pelvis
- Pelvis Inlet & Outlet View
- Pelvis Judet View
- Pelvis-Infant/Pediatric

### HEAD & NECK

- Skull
- Sinuses
- Soft Tissue Neck
- Mastoids
- Nasal Bones
- Facial Bones
- Mandible
- TMJ
- Optic Foramina
- R L B Orbits
- Orbits for MRI

### UPPER EXTREMITIES

- R L B Shoulder
- R L B Clavical
- R L B A.C. Joints
- R L B Scapula
- R L B Humerus
- R L B Elbow
- R L B Forearm
- R L B Wrist
- R L B Wrist Navicular
- R L B Hand
- Digits 1 2 3 4 5
- Bone Age

### LOWER EXTREMITIES

- R L B Hip
- R L B Femur
- R L B Knee
- R L B Tib & Fib
- R L B Ankle
- R L B Foot
- R L B Os Calcis
- Toes 1 2 3 4 5
- Infant Lower Extremity