

Command Medical Solutions

2350 Bentrige Lane Suite 400 | Fayetteville, NC 28304

Phone: 910-491-3293 | Fax: 910-702-3869

Walk-Ins and Same Day Appointments Available

We Accept Most Major Insurance Plans

Fast Report Turnaround Times



<https://SXRHealth.com>



Patient Information

Patient Name: _____ Patient DOB: _____ Patient Phone: _____

Gender/Sex: _____ Is patient pregnant? _____ Insurance Name: _____ Fax Report To: _____
 Male No
 Female Yes
 Unknown N/A

Provider Name (Printed): _____ Referring Provider Direct Line: _____

Practice Name: _____ Referring Provider NPI: _____

Provider Signature: _____ Today's Date: _____

Clinical History/Indication: _____

Order Details

X-RAY

RADIOGRAPHIC EXAMS

- | | | |
|--|---|--|
| <input type="checkbox"/> Facial Bones | <input type="checkbox"/> R <input type="checkbox"/> L | <input type="checkbox"/> Limited <input type="checkbox"/> Complete |
| <input type="checkbox"/> Sinus | <input type="checkbox"/> R <input type="checkbox"/> L | <input type="checkbox"/> Limited <input type="checkbox"/> Complete |
| <input type="checkbox"/> Nasal Bone | <input type="checkbox"/> R <input type="checkbox"/> L | <input type="checkbox"/> Limited <input type="checkbox"/> Complete |
| <input type="checkbox"/> Soft Tissue Neck | <input type="checkbox"/> R <input type="checkbox"/> L | <input type="checkbox"/> Limited <input type="checkbox"/> Complete |
| <input type="checkbox"/> Chest | <input type="checkbox"/> R <input type="checkbox"/> L | <input type="checkbox"/> Limited <input type="checkbox"/> Complete |
| <input type="checkbox"/> Sternum | <input type="checkbox"/> R <input type="checkbox"/> L | <input type="checkbox"/> Limited <input type="checkbox"/> Complete |
| <input type="checkbox"/> Abdomen | <input type="checkbox"/> R <input type="checkbox"/> L | <input type="checkbox"/> Limited <input type="checkbox"/> Complete |
| <input type="checkbox"/> Pelvis | <input type="checkbox"/> R <input type="checkbox"/> L | <input type="checkbox"/> Limited <input type="checkbox"/> Complete |
| <input type="checkbox"/> Skull | <input type="checkbox"/> R <input type="checkbox"/> L | <input type="checkbox"/> Limited <input type="checkbox"/> Complete |
| <input type="checkbox"/> Orbits <input type="checkbox"/> R <input type="checkbox"/> L | <input type="checkbox"/> R <input type="checkbox"/> L | <input type="checkbox"/> Limited <input type="checkbox"/> Complete |
| <input type="checkbox"/> Cervical <input type="checkbox"/> Limited <input type="checkbox"/> Complete <input type="checkbox"/> Flex/Ext | <input type="checkbox"/> R <input type="checkbox"/> L | <input type="checkbox"/> Limited <input type="checkbox"/> Complete |
| <input type="checkbox"/> Lumbar <input type="checkbox"/> Limited <input type="checkbox"/> Complete <input type="checkbox"/> Flex/Ext | <input type="checkbox"/> R <input type="checkbox"/> L | <input type="checkbox"/> Limited <input type="checkbox"/> Complete |
| <input type="checkbox"/> Thoracic | <input type="checkbox"/> R <input type="checkbox"/> L | <input type="checkbox"/> Limited <input type="checkbox"/> Complete |
| <input type="checkbox"/> AC Joint <input type="checkbox"/> R <input type="checkbox"/> L | <input type="checkbox"/> R <input type="checkbox"/> L | <input type="checkbox"/> Limited <input type="checkbox"/> Complete |
| <input type="checkbox"/> Clavicle <input type="checkbox"/> R <input type="checkbox"/> L | <input type="checkbox"/> R <input type="checkbox"/> L | <input type="checkbox"/> Limited <input type="checkbox"/> Complete |
| <input type="checkbox"/> Ribs | <input type="checkbox"/> R <input type="checkbox"/> L | <input type="checkbox"/> Limited <input type="checkbox"/> Complete |
| <input type="checkbox"/> Shoulder | <input type="checkbox"/> R <input type="checkbox"/> L | <input type="checkbox"/> Limited <input type="checkbox"/> Complete |
| <input type="checkbox"/> Humerus | <input type="checkbox"/> R <input type="checkbox"/> L | <input type="checkbox"/> Limited <input type="checkbox"/> Complete |
| <input type="checkbox"/> Elbow | <input type="checkbox"/> R <input type="checkbox"/> L | <input type="checkbox"/> Limited <input type="checkbox"/> Complete |
| <input type="checkbox"/> Forearm | <input type="checkbox"/> R <input type="checkbox"/> L | <input type="checkbox"/> Limited <input type="checkbox"/> Complete |
| <input type="checkbox"/> Wrist | <input type="checkbox"/> R <input type="checkbox"/> L | <input type="checkbox"/> Limited <input type="checkbox"/> Complete |
| <input type="checkbox"/> Hand | <input type="checkbox"/> R <input type="checkbox"/> L | <input type="checkbox"/> Limited <input type="checkbox"/> Complete |
| <input type="checkbox"/> Hip | <input type="checkbox"/> R <input type="checkbox"/> L | <input type="checkbox"/> Limited <input type="checkbox"/> Complete |
| <input type="checkbox"/> SI Joint | <input type="checkbox"/> R <input type="checkbox"/> L | <input type="checkbox"/> Limited <input type="checkbox"/> Complete |
| <input type="checkbox"/> Femur | <input type="checkbox"/> R <input type="checkbox"/> L | <input type="checkbox"/> Limited <input type="checkbox"/> Complete |
| <input type="checkbox"/> Knee | <input type="checkbox"/> R <input type="checkbox"/> L | <input type="checkbox"/> Limited <input type="checkbox"/> Complete |
| <input type="checkbox"/> Tib/Fib | <input type="checkbox"/> R <input type="checkbox"/> L | <input type="checkbox"/> Limited <input type="checkbox"/> Complete |
| <input type="checkbox"/> Ankle | <input type="checkbox"/> R <input type="checkbox"/> L | <input type="checkbox"/> Limited <input type="checkbox"/> Complete |
| <input type="checkbox"/> Foot | <input type="checkbox"/> R <input type="checkbox"/> L | <input type="checkbox"/> Limited <input type="checkbox"/> Complete |
| <input type="checkbox"/> Other, specify: _____ | | |

Comments: _____



SELF PAY OPTION AVAILABLE

- Lowest cash pay price in North Carolina.
- Must present with a signed physician order.

Medical services in North Carolina are provided by PatriotMed of North Carolina, P.C.

Certain locations operate under trade names including Command Medical Solutions, Southeast X-Ray, Radiology Professional Management, Shelby Medical, and SXR Medical.

Patients may receive billing statements from PatriotMed of North Carolina, P.C.

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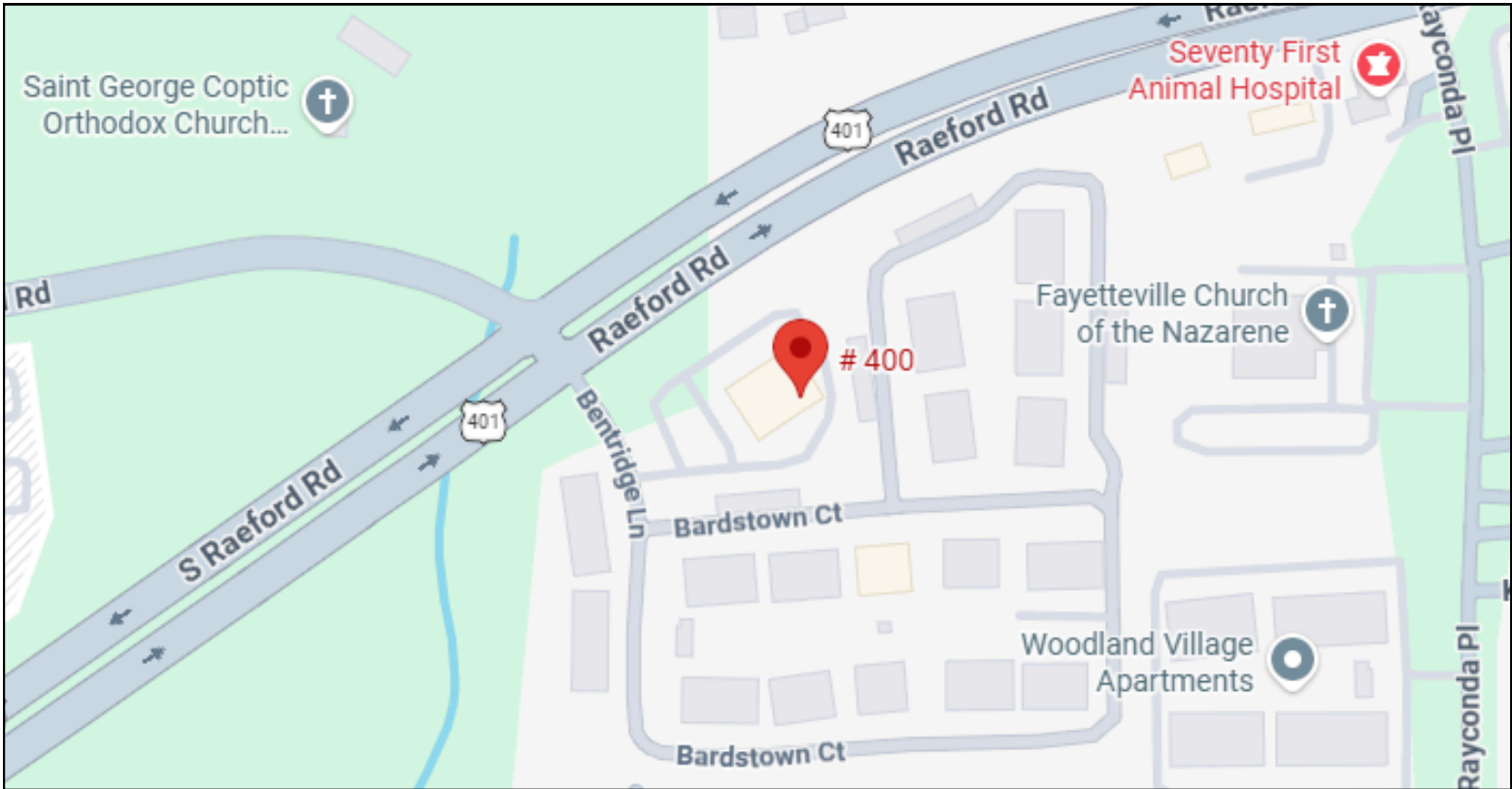
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After turning left into the medical complex, make another left and enter through the north side of the building. The elevators will be on your left, marked with signs for **Command Medical Solutions (Suite 400)**.