

# Command Medical Solutions | Southeast X-Ray



2313 Executive Cir. Suite D | Greenville, NC 27834

Phone: 252-561-7227 | 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"/> 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"/> Orbits                | <input type="checkbox"/> R       | <input type="checkbox"/> L        |                                   |                                   |
| <input type="checkbox"/> Cervical              | <input type="checkbox"/> Limited | <input type="checkbox"/> Complete | <input type="checkbox"/> Flex/Ext |                                   |
| <input type="checkbox"/> Lumber                | <input type="checkbox"/> Limited | <input type="checkbox"/> Complete | <input type="checkbox"/> Flex/Ext |                                   |
| <input type="checkbox"/> Thoracic              |                                  |                                   |                                   |                                   |
| <input type="checkbox"/> AC Joint              | <input type="checkbox"/> R       | <input type="checkbox"/> L        |                                   |                                   |
| <input type="checkbox"/> Clavicle              | <input type="checkbox"/> R       | <input type="checkbox"/> L        |                                   |                                   |
| <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"/> 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"/> 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"/> Femur                 | <input type="checkbox"/> R       | <input type="checkbox"/> L        |                                   |                                   |
| <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"/> 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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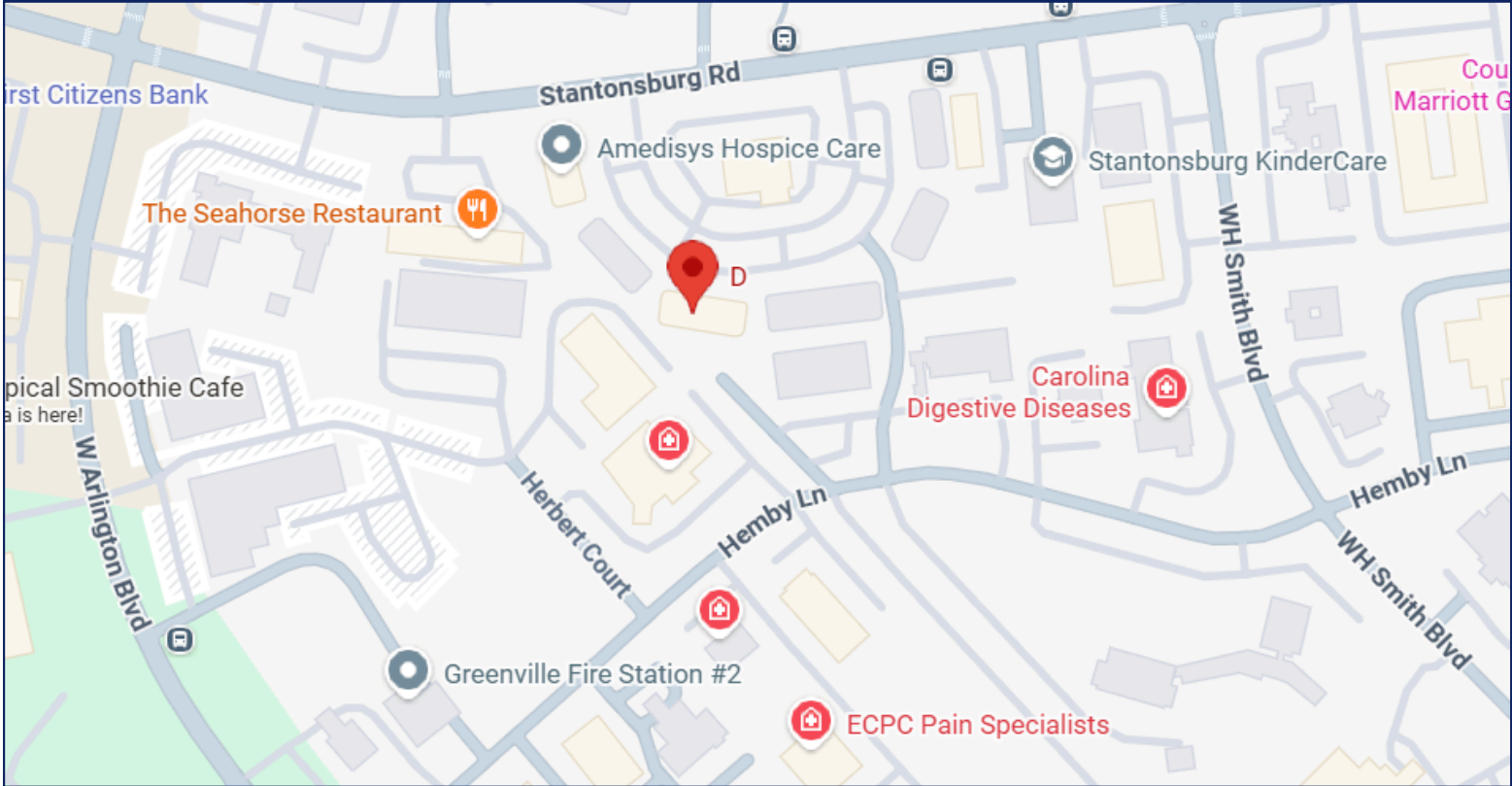
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