

Southeast X-Ray

200 Valencia Dr. Suite 138 | Jacksonville, NC 28546

Phone: 910-805-0043 | 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: Male Female Unknown
Is patient pregnant? No Yes N/A
Insurance Name: _____ Fax Report To: _____

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"/> Nasal Bone | | | | |
| <input type="checkbox"/> Soft Tissue Neck | | | | |
| <input type="checkbox"/> Chest | | | | |
| <input type="checkbox"/> Sternum | | | | |
| <input type="checkbox"/> Abdomen | | | | |
| <input type="checkbox"/> Pelvis | | | | |
| <input type="checkbox"/> Skull | | | | |
| <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.

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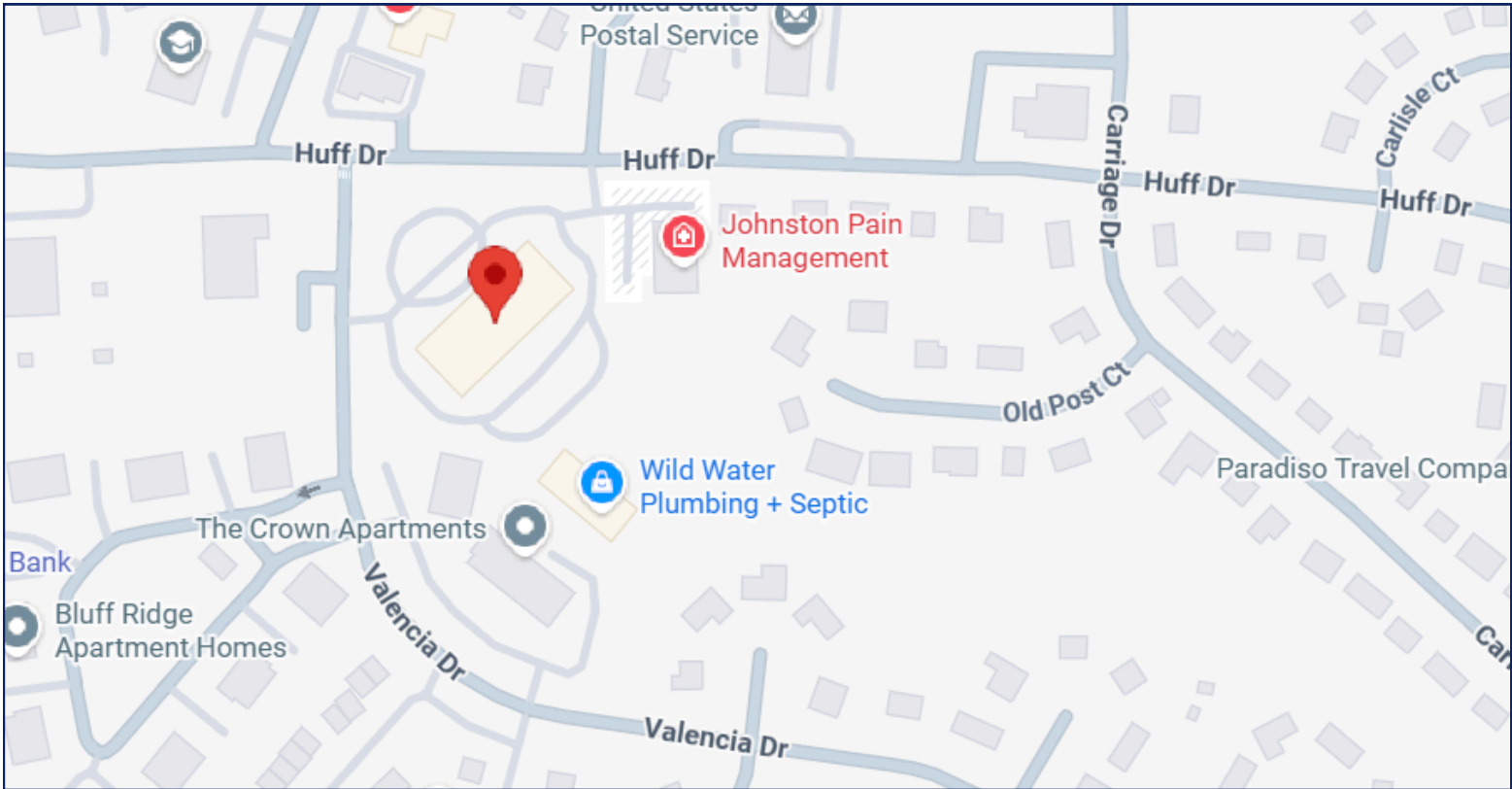
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Medical services in North Carolina are provided by PatriotMed of North Carolina, P.C.

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.