

# Southeast X-Ray

1721 Allens Ln, Suite 221-222 | Wilmington, NC 28403

Phone: 910-805-9329 | 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"/> Ribs                  | <input type="checkbox"/> R | <input type="checkbox"/> L | <input type="checkbox"/> Limited | <input type="checkbox"/> Complete |
| <input type="checkbox"/> Sinus            |                                  |                                   |                                   | <input type="checkbox"/> Shoulder              | <input type="checkbox"/> R | <input type="checkbox"/> L | <input type="checkbox"/> Limited | <input type="checkbox"/> Complete |
| <input type="checkbox"/> Nasal Bone       |                                  |                                   |                                   | <input type="checkbox"/> Humerus               | <input type="checkbox"/> R | <input type="checkbox"/> L |                                  |                                   |
| <input type="checkbox"/> Soft Tissue Neck |                                  |                                   |                                   | <input type="checkbox"/> Elbow                 | <input type="checkbox"/> R | <input type="checkbox"/> L | <input type="checkbox"/> Limited | <input type="checkbox"/> Complete |
| <input type="checkbox"/> Chest            |                                  |                                   |                                   | <input type="checkbox"/> Forearm               | <input type="checkbox"/> R | <input type="checkbox"/> L |                                  |                                   |
| <input type="checkbox"/> Sternum          |                                  |                                   |                                   | <input type="checkbox"/> Wrist                 | <input type="checkbox"/> R | <input type="checkbox"/> L | <input type="checkbox"/> Limited | <input type="checkbox"/> Complete |
| <input type="checkbox"/> Abdomen          |                                  |                                   |                                   | <input type="checkbox"/> Hand                  | <input type="checkbox"/> R | <input type="checkbox"/> L | <input type="checkbox"/> Limited | <input type="checkbox"/> Complete |
| <input type="checkbox"/> Pelvis           |                                  |                                   |                                   | <input type="checkbox"/> Hip                   | <input type="checkbox"/> R | <input type="checkbox"/> L | <input type="checkbox"/> Limited | <input type="checkbox"/> Complete |
| <input type="checkbox"/> Skull            |                                  |                                   |                                   | <input type="checkbox"/> SI Joint              | <input type="checkbox"/> R | <input type="checkbox"/> L |                                  |                                   |
| <input type="checkbox"/> Orbits           | <input type="checkbox"/> R       | <input type="checkbox"/> L        |                                   | <input type="checkbox"/> Femur                 | <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"/> Knee                  | <input type="checkbox"/> R | <input type="checkbox"/> L | <input type="checkbox"/> Limited | <input type="checkbox"/> Complete |
| <input type="checkbox"/> Lumber           | <input type="checkbox"/> Limited | <input type="checkbox"/> Complete | <input type="checkbox"/> Flex/Ext | <input type="checkbox"/> Tib/Fib               | <input type="checkbox"/> R | <input type="checkbox"/> L |                                  |                                   |
| <input type="checkbox"/> Thoracic         |                                  |                                   |                                   | <input type="checkbox"/> Ankle                 | <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"/> Foot                  | <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"/> 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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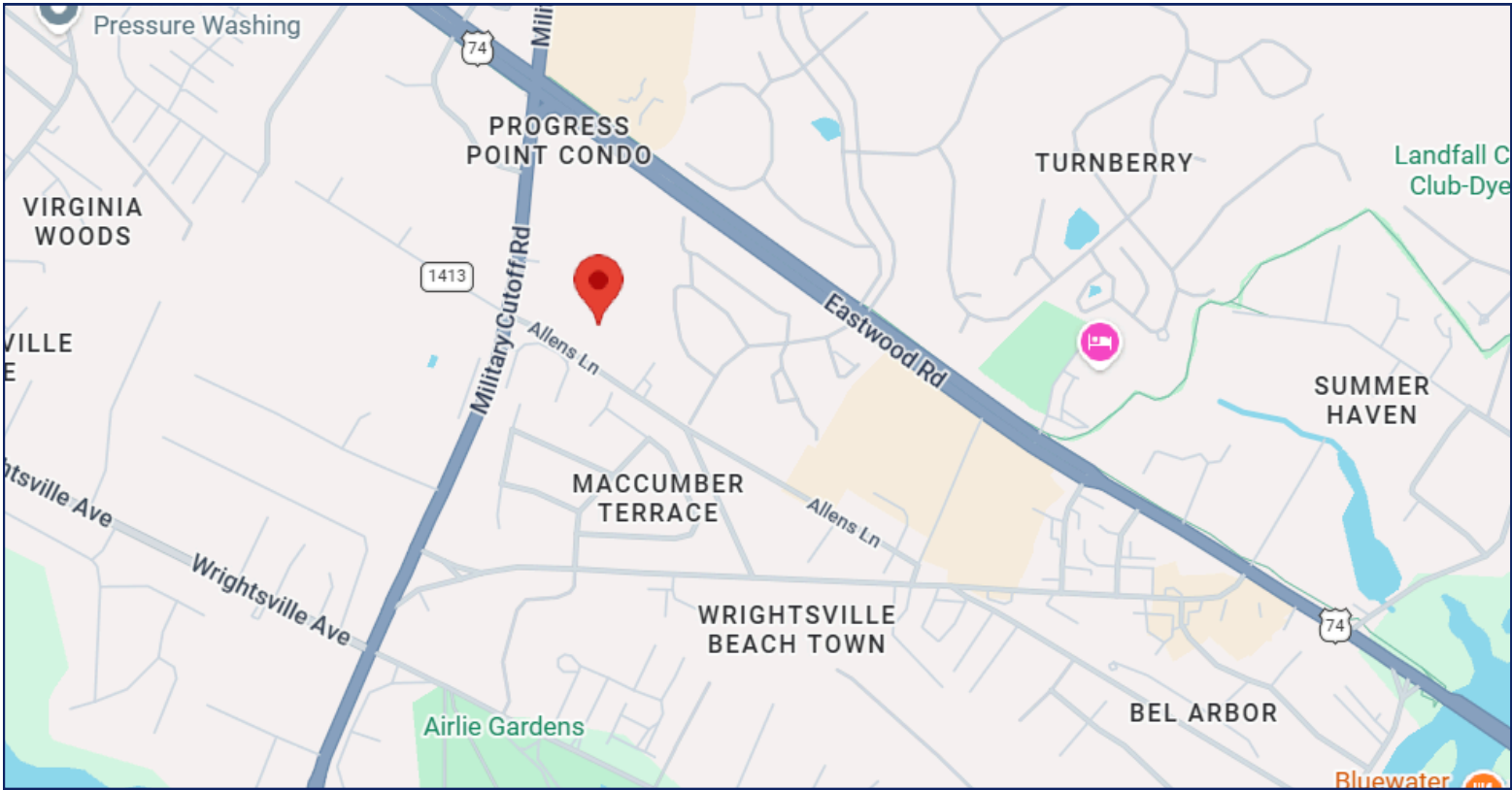
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