



RM. # \_\_\_\_\_

\_\_\_\_\_  
NEED CD

## ALOHA PACIFIC MOBILE IMAGING

Phone: (808) 748-7552 • Fax: (808) 593-7776

### **X-RAY, ULTRASOUND, EKG ORDER FORM**

DATE \_\_\_ / \_\_\_ / \_\_\_\_\_ FACILITY NAME \_\_\_\_\_

NURSES STATION PHONE \_\_\_\_\_ FAX \_\_\_\_\_

PATIENT NAME \_\_\_\_\_ BIRTH DATE \_\_\_ / \_\_\_ / \_\_\_

REQUESTING PHYSICIAN NAME \_\_\_\_\_

REQUESTING PHYSICIAN SIGNATURE (Required) \_\_\_\_\_

\*or attach physician signed order

ULTRASOUND \_\_\_\_\_

EKG

X-RAY REQUESTED

- |   |    |    |                                   |                                |       |    |    |
|---|----|----|-----------------------------------|--------------------------------|-------|----|----|
| <input type="checkbox"/> Chest          | 1v | 2v | <input type="checkbox"/> Shoulder | RT                             | LT    | BL |    |
| <input type="checkbox"/> Ribs           | RT | LT | BL                                | <input type="checkbox"/> Wrist | RT    | LT | BL |
| <input type="checkbox"/> Abdomen        | 1v | 2v | <input type="checkbox"/> Hand     | RT                             | LT    | BL |    |
| <input type="checkbox"/> Cervical Spine | 3v | 7v | <input type="checkbox"/> Finger   | _____                          |       |    |    |
| <input type="checkbox"/> Thoracic Spine |    |    | <input type="checkbox"/> Knee     | RT                             | LT    | BL |    |
| <input type="checkbox"/> Lumbar Spine   | 3v | 5v | <input type="checkbox"/> Ankle    | RT                             | LT    | BL |    |
| <input type="checkbox"/> Pelvis         |    |    | <input type="checkbox"/> Foot     | RT                             | LT    | BL |    |
| <input type="checkbox"/> Hip            | RT | LT | BL                                | <input type="checkbox"/> Toe   | _____ |    |    |
| <input type="checkbox"/> Skull          |    |    | <input type="checkbox"/> Other    | _____                          |       |    |    |

DIAGNOSIS/SYMPTOMS \_\_\_\_\_

INSURANCE INFORMATION (or attach face sheet) \_\_\_\_\_