

PLEASE PRINT

ON CALL 24/7/365
ACUTE CARE ONLY AFTER HOURS



FASTEX
ADVANCED MOBILE IMAGING

PORTABLE X-RAY
P.O. BOX 379 · YAKIMA, WA 98907
PHONE (509) 972-8617
TOLL FREE (877) 287-8394

Date _____ Station _____ Room/Bed _____ Hospice

Patient Name _____
Last First MI

SSN _____ DOB _____ Male Female

Facility Name / Agency _____

Ph # _____ Fax # _____

Type of X-Ray Needed _____ LT RT

Ordering Provider _____
(Last) (First)

Nurses Signature _____

Bill Insurance Bill Facility PVT Pay

Medicare # _____

Provider One # _____

Other Insurance _____

ID # _____ Group # _____

Responsible Party _____

Address _____

Phone # 1 _____ # 2 _____

SYMPTOMS		PAIN		
		LEFT		RIGHT
R19.15	ABN BOWEL SOUNDS			
K59.00	CONSTIPATION	M25.572	ANKLE	M25.571
R14.0	DISTENTION/FLATULENCE	M79.672	FOOT/TOES	M79.671
R19.7	DIARRHEA	M25.552	HIP	M25.551
R11.2	NAUSEA with VOMITING	M25.562	KNEE	M25.561
R11.0	NAUSEA	M79.605	LOWER LEG	M79.604
R11.10	VOMITING ALONE	M79.652	FEMUR	M79.651
R63.5	ABN WEIGHT GAIN	M25.532	WRIST	M25.531
R63.4	ABN WEIGHT LOSS	M25.522	ELBOW	M25.521
R09.3	ABNORMAL SPUTUM	M79.622	UPPER ARM	M79.621
R04.9	COUGH w/HEMORRHAGE	M25.512	SHOULDER	M25.511
R09.89	CONGESTION LUNG	M79.642	HAND	M79.641
R50.81	FEVER	M79.632	FOREARM	M7.631
R60.0	EDEMA	M54.5	LOWER BACK	
R06.2	WHEEZE	M54.6	THORACIC SPINE	
R05	COUGH	M53.3	COCCYX/SACRUM	
R09.89	DECREASED LUNG SOUNDS	M54.2	CERVICAL	
R79.81	OXYGEN SATURATION	G50.1	FACE/HEAD	
R76.11	POSITIVE PPD	R10.9	ABDOMEN	
R06.02	SHORTNESS OF BREATH	R07.89	CHEST/RIB	
J44.9	COPD	Z47.1	AFTERCARE HIP FX	
I50.9	CHF	M25.559	PELVIS	
J18.9	PNEUMONIA			
I49.8	ABN HEART RATE	V72.82	PRE OP CHEST	
I49.9	CARDIAC DYSRHYTHMIA	V72.84	PRE OP EKG	
Z79.899	MEDICATION USE			

FASTEX USE ONLY

70140	Facial bones; < 3v	71111	Ribs, BILATERAL; 4v	73120	Hand; 2v	72040	Spine, cervical; 2- 3v
70150	Facial bones; complete, min. 3v	71100	Ribs, UNILATERAL; 2v	73130	Hand; minimum of 3v	72070	Spine; Thoracic, 2v
70100	Mandible; partial < 4v	71101	Ribs, UNILATERAL; 3v	73140	Finger(s), minimum of 2v	72072	Spine; Thoracic 3v
70110	Mandible; complete, 4v	71111	Ribs, BILATERAL; 3v	73501	Hip UNILATERAL; 1v	72080	Spine; Thoracolumbar, 2v
70160	Nasal bones, comp, 3v	71120	Sternum, minimum of 2v	73502	Hip UNILATERAL; comp 2v	72100	Spine; Lumbosacral; 2-3v
70360	Neck; soft tissue	74018	Abdomen; sgl anteroposterior v	73522	Hip BILATERAL 2v ea	72220	Sacrum and coccyx, 2v
70200	Orbits, comp, min. of 4v	74021	Abdomen; comp incl erect v	72170	Pelvis; 1-2v	72010	Spine, entire, survey study
70210	Sinuses, paranasal, < 3v	73000	Clavicle, complete	73552	Femur, 2v	OTHER:	
70220	Sinuses, paranasal, comp 3v	73020	Shoulder; 1v	73560	Knee, 1-2v	TIME:	
70260	Skull; complete, min. of 4v	73030	Shoulder; complete, 2v	73562	Knee; 3v		
70250	Skull; < 4v	73010	Scapula, complete	73590	Tibia and fibula, 2v		
71045	Chest; sgl v, frontal	73060	Humerus, min. of 2v	73600	Ankle; 2v	93005	EKG tracing w/o interp
71046	Chest, 2v, frontal/lateral	73070	Elbow; 2v	73610	Ankle; complete, min. of 3v	99050	After hours
		73080	Elbow; complete, min. of 3v	73650	Calcaneus, min. of 2v	Q0092	Set up equipment
		73090	Forearm; 2v	73620	Foot; 2v	R0070	Transportation 1 pt
		73100	Wrist; 2v	73630	Foot; complete, min. of 3v	R0075	Transportation > 1pt
		73110	Wrist; complete, min. of 3v	73660	Toe(s), min. of 2v		# of pt's _____

Mike Josh