



# REQUISITION FORM

<http://www.medlifeds.com>



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## PATIENT DATA

Name \_\_\_\_\_ Address \_\_\_\_\_ Tel# \_\_\_\_\_  
*Last First Middle*

SSN: \_\_\_\_\_ Sex: **M F** DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Room# \_\_\_\_\_ Bed# \_\_\_\_\_  
*CIRCLE ONE MM DD YYYY*

Medicare 'A' Resident? **Y N** Medicare # \_\_\_\_\_ Medicaid # \_\_\_\_\_  
*CIRCLE ONE*

HMPo/PPO/Other \_\_\_\_\_ Policy# \_\_\_\_\_

## FACILITY INFORMATION

Please print

Facility \_\_\_\_\_ Tel# \_\_\_\_\_ Fax# \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
*MM DD YY*

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## AUTHORIZATION

Req. Physician \_\_\_\_\_ NPI# \_\_\_\_\_  
*10 Digits*

Ordered By \_\_\_\_\_ NPI# \_\_\_\_\_  
*10 Digits*

Signature \_\_\_\_\_

## DIAGNOSIS

## SERVICES (X-RAY PROCEDURES)

Please check the appropriate line(s) & circle L or R if applicable

### CHEST

- \_\_\_\_\_ Chest Single View
- \_\_\_\_\_ Chest Two Views
- \_\_\_\_\_ L R Ribs

### SPINE/PELVIS

- \_\_\_\_\_ Spine-Cervical
- \_\_\_\_\_ Spine-Thoracic
- \_\_\_\_\_ Spine-Lumbar
- \_\_\_\_\_ Sacrum & Coccyx
- \_\_\_\_\_ Pelvis
- \_\_\_\_\_ Abdominal – KUB

### SKULL

- \_\_\_\_\_ Skull Series
- \_\_\_\_\_ Facial Bones
- \_\_\_\_\_ Nasal Bones
- \_\_\_\_\_ Sinus Series
- \_\_\_\_\_ Orbit Views
- \_\_\_\_\_ Mandible

### EXTREMITIES

- \_\_\_\_\_ L R Clavicle
- \_\_\_\_\_ L R AC Joint
- \_\_\_\_\_ L R SC Joint
- \_\_\_\_\_ Sternum
- \_\_\_\_\_ L R Scapula
- \_\_\_\_\_ L R Shoulder
- \_\_\_\_\_ L R Humerus
- \_\_\_\_\_ L R Elbow
- \_\_\_\_\_ L R Forearm
- \_\_\_\_\_ L R Wrist
- \_\_\_\_\_ L R Hand
- \_\_\_\_\_ L R Finger
- \_\_\_\_\_ L R Hip
- \_\_\_\_\_ L R Femur
- \_\_\_\_\_ L R Knee
- \_\_\_\_\_ L R Tibia/Fibula
- \_\_\_\_\_ L R Ankle
- \_\_\_\_\_ L R Foot
- \_\_\_\_\_ L R Toes
- \_\_\_\_\_ L R Calcaneus

### CARDIOVASCULAR STUDY

- \_\_\_\_\_ 2D M-mode Cardiac Doppler
- \_\_\_\_\_ Echocardiogram
- \_\_\_\_\_ EKG
- \_\_\_\_\_ Arterial Doppler Lower / Upper
- \_\_\_\_\_ Venous Doppler Lower / Upper
- \_\_\_\_\_ Carotid Doppler

### ULTRASOUND

- \_\_\_\_\_ Abdominal Complete
- \_\_\_\_\_ Breast
- \_\_\_\_\_ Musculoskeletal
- \_\_\_\_\_ OB Complete
- \_\_\_\_\_ Pelvic Non-OB Complete
- \_\_\_\_\_ Renal (Kidney) Complete
- \_\_\_\_\_ Scrotum
- \_\_\_\_\_ Thyroid