



#10 Smith Road Plaza, Smith Road,  
 P.O.Box-848, Grand Cayman KY1-1103.  
 Tel: (345) 949-7331 / Fax: (345) 949-1436.  
 Email : xray@medlabcayman.com

Bill To:  My Account  Patient. Date : \_\_\_\_\_

Patient Name: \_\_\_\_\_  
Last. First. Middle.

Patient D.O.B: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Date Year

Gender :- Male - Female

Physician Name or Stamp: \_\_\_\_\_

Physician Signature: \_\_\_\_\_

Physician Phone#: \_\_\_\_\_

Physician Fax#: \_\_\_\_\_

Physician Email : \_\_\_\_\_

Patient X-Ray #: \_\_\_\_\_

Patient Phone #: \_\_\_\_\_

Pateint Email : \_\_\_\_\_

Radiologist Report Required: - Yes

	R	L	
<b>ABDOMEN</b>			<b>UPPER EXTREMITITES</b>
<input type="checkbox"/> Abdomen (KUB) 74000	<input type="checkbox"/>	<input type="checkbox"/>	Clavicle Complete 73000
<input type="checkbox"/> Abdomen (2 Views) 74020	<input type="checkbox"/>	<input type="checkbox"/>	AC Joints 73050 (W or W/O Weights)
<input type="checkbox"/> Acute Abdominal Series 74022 (2 v's / 1 vw Chest)	<input type="checkbox"/>	<input type="checkbox"/>	Shoulder (1 view ) 73020
<b>HEAD</b>	<input type="checkbox"/>	<input type="checkbox"/>	Shoulder (2 views) 73030
<input type="checkbox"/> Facial Bones (2 Views) 70140	<input type="checkbox"/>	<input type="checkbox"/>	Scapula Complete 730 10
<input type="checkbox"/> Facial Bones (3 Views) 70150	<input type="checkbox"/>	<input type="checkbox"/>	Humerus 73060
<input type="checkbox"/> Mandible (2 Views) 70100	<input type="checkbox"/>	<input type="checkbox"/>	Elbow (2 views) 73070
<input type="checkbox"/> Mandible (4 Views) 70110	<input type="checkbox"/>	<input type="checkbox"/>	Elbow ( 3 views) 73080
<input type="checkbox"/> Nasal Bones (3 Views) 70160	<input type="checkbox"/>	<input type="checkbox"/>	Forearm 73090
<input type="checkbox"/> Orbits (4 Views) 70200	<input type="checkbox"/>	<input type="checkbox"/>	Wrist (2 views) 73 100
<input type="checkbox"/> Sinus (Water 's View) 70210	<input type="checkbox"/>	<input type="checkbox"/>	Wrist (3 views) 73 110
<input type="checkbox"/> Sinus Complete (3 Views) 70220	<input type="checkbox"/>	<input type="checkbox"/>	Hand (2 views) 73 120
<input type="checkbox"/> Skull (2 Views) 70250	<input type="checkbox"/>	<input type="checkbox"/>	Hand (3 views) 73130
<input type="checkbox"/> Skull (4 Views) 70260	<input type="checkbox"/>	<input type="checkbox"/>	Finger (2 views) 73140
<input type="checkbox"/> TMJ (Unilateral) 70328 -- R / L	<input type="checkbox"/>	<input type="checkbox"/>	Ribs (Unilateral 2 Views) 71100
<input type="checkbox"/> TMJ'S (Bilateral) 70330	<input type="checkbox"/>	<input type="checkbox"/>	Ribs (Unilateral I PA Chest) 71101
<b>CHEST</b>	R	L	<b>LOWER EXTREMITIES</b>
<input type="checkbox"/> CXR screening (WP) .	<input type="checkbox"/>	<input type="checkbox"/>	Pelvis 72170
<input type="checkbox"/> Chest PA 71010	<input type="checkbox"/>	<input type="checkbox"/>	Hip ( 1 view) 73500
<input type="checkbox"/> Chest Lateral 71010 .	<input type="checkbox"/>	<input type="checkbox"/>	Hip (2 views) 73510
<input type="checkbox"/> Chest (Frontal & Lateral) 71020	<input type="checkbox"/>	<input type="checkbox"/>	Both Hip (Bilateral W/Pelvis) 73520
<input type="checkbox"/> Chest 2 views with Apical Lordotic 71021	<input type="checkbox"/>	<input type="checkbox"/>	Femur 73550
<input type="checkbox"/> Chest 2 views with Oblique Projections 71022	<input type="checkbox"/>	<input type="checkbox"/>	Knee (2 views) 73560
<input type="checkbox"/> Chest 2 views with Fluoroscopy 71023	<input type="checkbox"/>	<input type="checkbox"/>	Knee (3 views) 73562
<input type="checkbox"/> Sterno-Clavicular Joints 71130	<input type="checkbox"/>	<input type="checkbox"/>	Knee (4 views) 73564
<input type="checkbox"/> Sternum 71120	<input type="checkbox"/>	<input type="checkbox"/>	Both Knee (Standing AP) 73565
<b>SPINE</b>	<input type="checkbox"/>	<input type="checkbox"/>	Tibia / Fibula 73590
<input type="checkbox"/> Soft Tissue Neck 70360	<input type="checkbox"/>	<input type="checkbox"/>	Ankle (2 views) 73600
<input type="checkbox"/> Cervical Spine (AP & Lateral) 72040	<input type="checkbox"/>	<input type="checkbox"/>	Ankle (3 views) 73610
<input type="checkbox"/> Cervical Spine (3 Views) 72040	<input type="checkbox"/>	<input type="checkbox"/>	Foot (2 views) 73620
<input type="checkbox"/> Cervical Spine (4 Views) 72050	<input type="checkbox"/>	<input type="checkbox"/>	Foot (3 views) 73630
<input type="checkbox"/> Cervical Spine (Complete)72052 (Inc. Flex & Ext views)	<input type="checkbox"/>	<input type="checkbox"/>	Heel / Calcaneus 73650
<input type="checkbox"/> Thoracic Spine (AP & Lateral) 72070	<input type="checkbox"/>	<input type="checkbox"/>	Toe (s) 73550
<input type="checkbox"/> Thoracic Spine (3 Views) 72072	<input type="checkbox"/>	<input type="checkbox"/>	<b>MAMMOGRAPHY</b>
<input type="checkbox"/> Lumbar Spine (2 Views) 72100	<input type="checkbox"/>	<input type="checkbox"/>	Digital Diagnostic Unilateral - 77065
<input type="checkbox"/> Lumbar Spine (3 Views) 72100	<input type="checkbox"/>	<input type="checkbox"/>	Digital Diagnostic Bilateral - 77066
<input type="checkbox"/> Lumbar Spine (Inc. Obliques) 72110	<input type="checkbox"/>	<input type="checkbox"/>	Digital Screening Bilateral - 77067
<input type="checkbox"/> Sacroiliac Joints 72202	<input type="checkbox"/>	<input type="checkbox"/>	Digital Diagnostic W/Implant Bilateral -77066
<input type="checkbox"/> Sacrum / Coccyx 72220	<input type="checkbox"/>	<input type="checkbox"/>	Digital Screening W/Implant Bilateral -77067
<input type="checkbox"/> Scolios (1 & 2 Views) 72090	<input type="checkbox"/>	<input type="checkbox"/>	Magnification Views -77055

OTHERS : \_\_\_\_\_  
 \_\_\_\_\_

Are you Pregnant (Esta usted Embarasada) ? Yes / No

Do you have any known Allergies (Tiene usted alguna alergias la cual tenga usted conocimiento) ? Yes / No

Signature \_\_\_\_\_