



FOR MEDICARE COMPLIANCE, ORDERS MUST CONTAIN:

**“PORTABLE”
BODY PART**

PLEASE USE SPECIFIC TERMS LIKE “RIGHT HUMERUS, LEFT CLAVICLE”

TYPE OF VIEWS

USE THE X-RAY REFERENCE SHEET ON REVERSE FOR ASSISTANCE

REASON FOR SERVICE

PLEASE LIST THE PATIENT’S SPECIFIC SIGNS & SYMPTOMS – “R/O IS **NOT** ACCEPTABLE”

JUSTIFICATION FOR PORTABILITY

A PATIENT-SPECIFIC REASON

SAMPLE ORDER

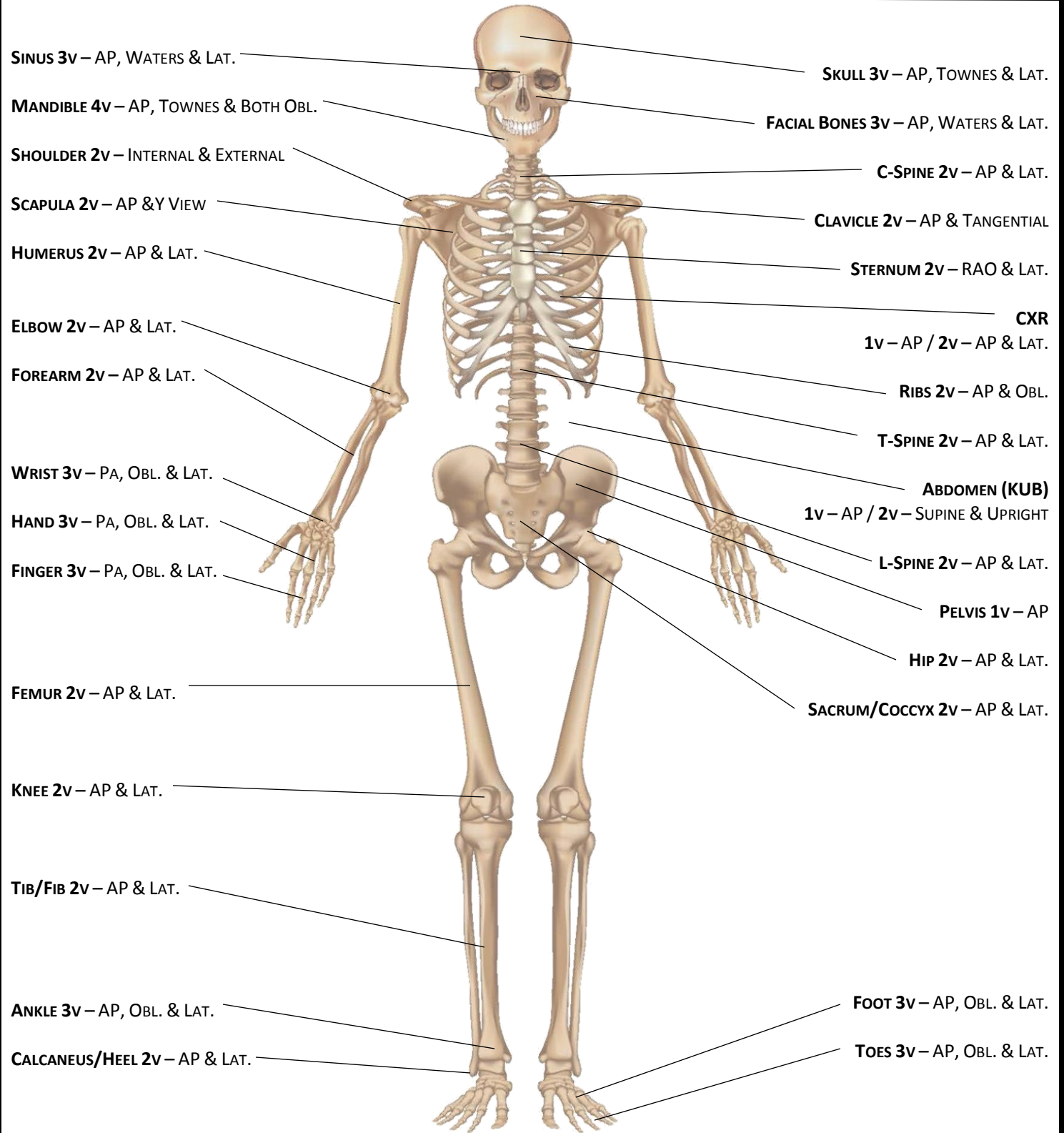
*PORTABLE ABDOMEN AP – 1V FOR C/O CONSTIPATION & DISTENTION – PT IS BEDRIDDEN, WEAK,
AND IN TOO MUCH PAIN TO TRANSFER OUTSIDE FACILITY*

ITEMS TO REMEMBER

**FAX PATIENT FACE SHEET & SIGNED TREATING PROVIDER’S ORDER TO
817.394.1801**

**ORDER ONLINE OR CALL
WWW.CMMSIMAGING.COM
877.304.2667**

**WHEN ORDERING
DOCUMENT YOUR NAME & ORDERING TREATING
PROVIDER’S NAME**



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