



#10 Smith Road Plaza, Smith Road,  
 P.O.Box 848, Grand Cayman KYI-1103.  
 Tel: 345-949-7331 / Fax: 345-949-1436.

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

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

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

Gender : - Male - Female

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

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

Radiologist Report Required: - Yes No

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

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

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

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

	<b>ABDOMEN</b>	<b>R</b>	<b>L</b>	<b>UPPER EXTREMITITES</b>
<input type="checkbox"/>	Abdomen (KUB) 74000	<input type="checkbox"/>	<input type="checkbox"/>	Clavicle 73000
<input type="checkbox"/>	Abdomen (2 Views) 74020	<input type="checkbox"/>	<input type="checkbox"/>	AC Joints 73050 (Bilateral W or W/O Weights)
<input type="checkbox"/>	Acute Abdominal Series 74022 (2 Views/1 View Chest)	<input type="checkbox"/>	<input type="checkbox"/>	Shoulder (2 views) 73030
	<b>HEAD</b>	<input type="checkbox"/>	<input type="checkbox"/>	Shoulder (3 views) 73030
<input type="checkbox"/>	Facial Bones (2 Views) 70140	<input type="checkbox"/>	<input type="checkbox"/>	Scapula 73010
<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) 73100
<input type="checkbox"/>	Sinus (Water's View) 70210	<input type="checkbox"/>	<input type="checkbox"/>	Wrist (3 views) 73110
<input type="checkbox"/>	Sinus (3 Views) 70220	<input type="checkbox"/>	<input type="checkbox"/>	Hand (2 views) 73120
<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 (s) 73140
<input type="checkbox"/>	TMJ (Unilateral) 70328 – R / L			<b>LOWER EXTREMITIES</b>
<input type="checkbox"/>	TMJ'S (Bilateral) 70330		<input type="checkbox"/>	Pelvis 72170
	<b>CHEST</b>	<input type="checkbox"/>	<input type="checkbox"/>	Hip (1 view) 73500
<input type="checkbox"/>	Chest PA (Work Permit) 71010	<input type="checkbox"/>	<input type="checkbox"/>	Hip (2 views) 73510
<input type="checkbox"/>	Chest PA (Diagnostic) 71010	<input type="checkbox"/>	<input type="checkbox"/>	Hip (Bilateral W/Pelvis) 73520
<input type="checkbox"/>	Chest (PA & Lateral) 71020	<input type="checkbox"/>	<input type="checkbox"/>	Femur 73550
<input type="checkbox"/>	Ribs (Unilateral 2 Views) 71100 – R / L	<input type="checkbox"/>	<input type="checkbox"/>	Knee (2 views) 73560
<input type="checkbox"/>	Ribs (Unilateral / PA Chest) 71101 – R / L	<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"/>	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			<b>MAMMOGRAPHY</b>
<input type="checkbox"/>	Lumbar Spine (2 Views) 72100	<input type="checkbox"/>	<input type="checkbox"/>	Digital Diagnostic Unilateral 77055
<input type="checkbox"/>	Lumbar Spine (3 Views) 72100	<input type="checkbox"/>	<input type="checkbox"/>	Digital Diagnostic Bilateral 77056
<input type="checkbox"/>	Lumbar Spine (Inc. Obliques) 72110	<input type="checkbox"/>	<input type="checkbox"/>	Digital Screening Bilateral 77057
<input type="checkbox"/>	Sacroiliac Joints 72202	<input type="checkbox"/>	<input type="checkbox"/>	Digital Diagnostic W/Implant Bilateral 77056
<input type="checkbox"/>	Sacrum 72220	<input type="checkbox"/>	<input type="checkbox"/>	Digital Screening W/Implant Bilateral 77057
<input type="checkbox"/>	Coccyx 72220	<input type="checkbox"/>	<input type="checkbox"/>	Magnification Views 77055

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