

**MARBLE FALLS MINOR
EMERGENCY CENTER
1701 HWY 281 N.
MARBLE FALLS, TX 78654
(830)798-1122
FAX: (830)798-1124**

CT & XRAY REQUISITION ORDER FORM

PATIENT NAME _____
SOCIAL SECURITY NUMBER _____
DATE OF BIRTH _____
PATIENT PHONE NUMBER _____

INSURANCE _____
RQI OR AUTH# _____

REQUIRED INFORMATION:

ICD9 DIAGNOSIS CODE _____
PHYSICIAN ORDERING TEST _____
PHYSICIAN SIGNATURE _____

COMPUTED TOMOGRAPHY (CT)

- w/CONTRAST W/O CONTRAST BOTH
- HEAD
- BRAIN
- SINUSES
- ORBITS
- SOFT TISSUE NECK
- CERVICAL SPINE
- CHEST (THORAX ONLY)
- LUMBAR SPINE
- RENAL
- ABDOMEN & PELVIS
- ABDOMEN W/ PELVIS IF NEEDED
- EXTREMITY (SPECIFY)
- RIGHT _____
- LEFT _____

X-RAY

- CHEST 1V 2V
- ABDOMEN
- 1V
- 2V
- 3V (ACUTE)
- SPINE
- CERVICAL
- THORACIC
- LUMBAR
- SINUSES
- EXTREMITY
- RIGHT _____
- LEFT _____
- OTHER _____