



# HIGHLINE RADIOLOGY

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PATIENT'S NAME Diana Bolivar Urrego DOB 02/23/1993 DATE 06/06/2023  
HISTORY sp HVA, neck, back; @ Shoulder, @ Hip @ Left knee; 2nd Fwd displacement, + G-prostheses management  
REFERRING PHYSICIAN Charickton Bonilla REFERRING PHYSICIAN'S SIGNATURE [Signature]  
INSURANCE \_\_\_\_\_ DOA 06/01/2023 CLAIM # \_\_\_\_\_

## MRI

- |   | w/o   | with & w/o                     |
|---|---|--------------------------------|
| <input type="radio"/> Brain               | <input type="checkbox"/> 70551                  | <input type="checkbox"/> 70553 |
| <input type="radio"/> Pituitary           | <input type="checkbox"/> 70551                  | <input type="checkbox"/> 70553 |
| <input type="radio"/> IACS                | <input type="checkbox"/> 70551                  | <input type="checkbox"/> 70553 |
| <input type="radio"/> Orbits              | <input type="checkbox"/> 70540                  | <input type="checkbox"/> 70543 |
| <input type="radio"/> Sinuses             | <input type="checkbox"/> 70540                  | <input type="checkbox"/> 70543 |
| <input type="radio"/> TMJ                 | R L B <input type="checkbox"/> 70336            |                                |
| <input type="radio"/> Neck Soft Tissue    | <input type="checkbox"/> 70540                  | <input type="checkbox"/> 70543 |
| <input type="radio"/> Brachial Plexus     | R L B <input type="checkbox"/> 70540            | <input type="checkbox"/> 70543 |
| <input type="radio"/> Cervical Spine      | <input type="checkbox"/> 72141                  | <input type="checkbox"/> 72156 |
| <input type="radio"/> Thoracic Spine      | <input type="checkbox"/> 72146                  | <input type="checkbox"/> 72157 |
| <input type="radio"/> Lumbar Spine        | <input type="checkbox"/> 72148                  | <input type="checkbox"/> 72158 |
| <input type="radio"/> Abdomen             | <input type="checkbox"/> 74181                  | <input type="checkbox"/> 74183 |
| <input type="radio"/> Chest               | <input type="checkbox"/> 71550                  | <input type="checkbox"/> 71552 |
| <input type="radio"/> Pelvis              | <input type="checkbox"/> 72195                  | <input type="checkbox"/> 72197 |
| <input checked="" type="radio"/> Shoulder | R L B <input checked="" type="checkbox"/> 73221 | <input type="checkbox"/> 73223 |
| <input type="radio"/> Humerus             | R L B <input type="checkbox"/> 73218            | <input type="checkbox"/> 73220 |
| <input type="radio"/> Elbow               | R L B <input type="checkbox"/> 73221            | <input type="checkbox"/> 73223 |
| <input type="radio"/> Forearm             | R L B <input type="checkbox"/> 73218            | <input type="checkbox"/> 73720 |
| <input type="radio"/> Wrist               | R L B <input type="checkbox"/> 73221            | <input type="checkbox"/> 73223 |
| <input type="radio"/> Hand                | R L B <input type="checkbox"/> 73218            | <input type="checkbox"/> 73220 |
| <input type="radio"/> Hip                 | R L B <input type="checkbox"/> 73721            | <input type="checkbox"/> 73723 |
| <input type="radio"/> Femur               | R L B <input type="checkbox"/> 73718            | <input type="checkbox"/> 73720 |
| <input checked="" type="radio"/> Knee     | R L B <input checked="" type="checkbox"/> 73721 | <input type="checkbox"/> 73723 |
| <input type="radio"/> Tibia/Fibula        | R L B <input type="checkbox"/> 73718            | <input type="checkbox"/> 73720 |
| <input type="radio"/> Ankle               | R L B <input type="checkbox"/> 73721            | <input type="checkbox"/> 73723 |
| <input type="radio"/> Foot                | R L B <input type="checkbox"/> 73718            | <input type="checkbox"/> 73720 |
| <input type="radio"/> Other               | _____   |                                |

## X-RAY

- |   |       |
|---|-------|
| <input type="radio"/> Skull               |       |
| <input type="radio"/> Orbits              |       |
| <input type="radio"/> Nasal Bones         |       |
| <input type="radio"/> Facial Bones        |       |
| <input type="radio"/> TMJ                 | R L B |
| <input type="radio"/> Mandible            |       |
| <input type="radio"/> Soft Tissue Neck    |       |
| <input checked="" type="radio"/> Shoulder | R L B |
| <input type="radio"/> Clavicle            | R L B |
| <input type="radio"/> Scapula             | R L B |
| <input type="radio"/> Sternum             |       |
| <input type="radio"/> Chest               |       |
| <input type="radio"/> Ribs                | R L B |
| <input type="radio"/> C-Spine             |       |
| <input checked="" type="radio"/> T-Spine  |       |
| <input checked="" type="radio"/> L-Spine  |       |
| <input type="radio"/> Scoliosis           |       |
| <input type="radio"/> Abdomen             |       |
| <input type="radio"/> Pelvis              |       |
| <input checked="" type="radio"/> Hip      | R L B |
| <input type="radio"/> Sacrum/Coccyx       |       |
| <input type="radio"/> Humerus             | R L B |
| <input type="radio"/> Elbow               | R L B |
| <input type="radio"/> Forearm             | R L B |
| <input type="radio"/> Wrist               | R L B |
| <input type="radio"/> Bone Age            |       |
| <input type="radio"/> Hand                | R L B |
| <input type="radio"/> Fingers             | R L B |
| <input type="radio"/> Femur               | R L B |
| <input checked="" type="radio"/> Knee     | R L B |
| <input type="radio"/> Tibia/Fibula        | R L B |
| <input type="radio"/> Ankle               | R L B |
| <input type="radio"/> Foot                | R L B |
| <input type="radio"/> Calcaneus           | R L B |
| <input type="radio"/> Toes                | R L B |
| <input type="radio"/> Other               |       |
| How many Views?                           | _____ |