



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? | _____ |