



JEMMS IMAGING SERVICES

"We are here to help, because we care."

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www.JEMMSRADIOLOGY.com

First Name _____ Last Name _____

Address _____

D/O/B _____ Phone _____ City _____ State _____ Zip _____

Primary Insurance _____ ID Number _____

Secondary Insurance _____ ID Number _____

Referring Physician _____ NPI _____

ECHOCARDIOGRAM	VASCULAR	DOPPLER	ULTRASOUND
<input type="checkbox"/> Echocardiogram	<input type="checkbox"/> Lower Venous Doppler Bilateral	<input type="checkbox"/> Pelvic Female Complete	<input type="checkbox"/> Pelvic Male Complete
<input type="checkbox"/> Echocardiogram Limited	<input type="checkbox"/> Lower Venous Doppler Unilateral	<input type="checkbox"/> Thyroid Ultrasound	
<input type="checkbox"/> Carotid Doppler	<input type="checkbox"/> Abdominal Aorta Doppler	<input type="checkbox"/> Right Breast Ultrasound	<input type="checkbox"/> Left Breast Ultrasound
<input type="checkbox"/> Transcranial Doppler	<input type="checkbox"/> Upper Arterial Doppler Bilateral	<input type="checkbox"/> Bladder Ultrasound	<input type="checkbox"/> Prostate
<input type="checkbox"/> Transcranial Imaging	<input type="checkbox"/> Upper Arterial Doppler Unilateral	<input type="checkbox"/> Soft Tissue chest	<input type="checkbox"/> other
<input type="checkbox"/> Renal Artery Doppler	<input type="checkbox"/> Abdomen Complete	<input type="checkbox"/> Ultrasound	
<input type="checkbox"/> Abdomen limited	<input type="checkbox"/> Abdomen right quadrant		
<input type="checkbox"/> Lower Arterial Doppler Bilateral	<input type="checkbox"/> Renal Ultrasound w/ Bladder		
<input type="checkbox"/> Lower Arterial Doppler Unilateral	<input type="checkbox"/> Abdominal Vascular duplex		

DIGITAL X-RAY			
<input type="checkbox"/> Skull	<input type="checkbox"/> KUB	<input type="checkbox"/> Shoulder R/L	<input type="checkbox"/> Wrist R/L
<input type="checkbox"/> Sinuses	<input type="checkbox"/> Pelvis	<input type="checkbox"/> Humerus R/L	<input type="checkbox"/> Fingers R/L
<input type="checkbox"/> Chest	<input type="checkbox"/> C-Spine	<input type="checkbox"/> Forearm R/L	<input type="checkbox"/> Hips R/L
<input type="checkbox"/> Ribs R/L	<input type="checkbox"/> T-Spine	<input type="checkbox"/> Elbow R/L	<input type="checkbox"/> Femur R/L
<input type="checkbox"/> Abdomen	<input type="checkbox"/> L-spine	<input type="checkbox"/> Hand R/L	<input type="checkbox"/> Knee R/L
			<input type="checkbox"/> Tibia/Fibula R/L
			<input type="checkbox"/> Foot R/L
			<input type="checkbox"/> Ankle R/L
			<input type="checkbox"/> Calcaneus R/L
			<input type="checkbox"/> Toes R/L

DIAGNOSTIC CODES					
171.4	Abdominal aneurysm without mention of rupture	R94.31	Abnormal electrocardiogram (ECG) (EKG)	R42	Dizziness and giddiness
R21.3	Acute Myocardial Infarction Unspecified site	E11.9	Hypertensive heart disease, unspecified	Z07.9	Chest Pain
E78.9	Unspecified disorders of lipoid metabolism	I08.0	Mitral Valve Insufficiency	Z07.89	Chest Pain, Other
I77.9	Unspecified of arteries and arterioles	I08.0	Aortic Valve Insufficiency	R53.83	Other, Fatigue
G45.9	Unspecified transient cerebral ischemia	K76.9	Liver disease	R00.2	Palpitations
I73.9	Peripheral vascular disease, unspecified	N63	Lump/ mass on breast	R06.02	Shortness of breath
R10.84	Abdominal pain	Z95.0	Cardiac Pace Maker	R55	Syncope and collapse
N13.30	Hydronephrosis	I35.9	Aortic Valve disorders, unspecified	D64.9	Anemia, unspecified
I12.9	Hypertensive kidney disease	170.90	Atherosclerosis unspecified	E66.01	Morbid Obesity
R60.9	Edema	N39.0	Urinary tract infection	I82.409	DVT, acute venous embolism and thrombosis

OTHER DX CODES

I certify that the above ordered test(s) are medically necessary for this patient.