

HIP FOLLOW-UP

— X-RAY ORDER

MIDLANDS
orthopaedics
& NEUROSURGERY

***Patient - Please fill your NAME and DATE OF BIRTH before visiting the office.**

R_x

FOR (NAME) _____

DOB: _____

ADDRESS _____

DATE _____

POSTOP PATIENTS - Please choose/circle ONE section (either 1, 2, or 3) to ensure the appropriate x-rays are obtained from the patient's radiology facility.

1. LEFT

- i. Presence of left artificial hip joint - **Z96.642**

2. RIGHT

- i. Presence of right artificial hip joint - **Z96.641**

3. BILATERAL

- i. Presence of artificial hip joint, bilateral - **Z96.643**

Views (please obtain each of the following)

1. AP Pelvis Standing (Please label as "STANDING")
2. AP Pelvis Supine (Please label as "SUPINE")

Please send these x-ray images to us via Nuance PowerShare. **Our facility lookup information is:**

Midlands Orthopaedics & Neurosurgery, 1910 Blanding Street, Columbia, SC 29201

If you are not in the PowerShare network, please mail a CD with digital .DICOM copies of these images to us at:

Midlands Orthopaedics & Neurosurgery
ATTN: Gross MD Hip Follow-Up
1910 Blanding Street Columbia, SC 29201

Thomas P.
Gross MD

Digitally signed

by Thomas P.

Gross MD

Date: 2024.11.26

11:44:30 -05'00'

THANK YOU!

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