

Order Form
Medicare Part B

SCV Mobile X-Ray LLC
Thousand Oaks, CA
Office (805) 551-6290
Fax (805) 778-8253
scvmobilexray.com
Email: staff@scvmobilexray.com

When ordering X-Ray services for Medicare Part B Patients:

1. **Call (805) 551-6290** and let us know you're sending a fax.
2. Print & complete this order form.
3. **Fax** completed form with the following information to **(805) 778-8253**
 - Doctor's order specifying study, number of views and dx code.
 - Patient Medicare Information (A facesheet and a copy of both sides of patients Medicare card is ideal).

Your Name & Title _____ Contact ph # _____

Patient Name _____

Patient Phone _____

Patient Address _____

** We will be happy to provide assistance if needed or accomidate you in any way possible. Call (805) 551-6290*