

PATIENT NAME \_\_\_\_\_ DOB \_\_\_\_\_ PATIENT PHONE \_\_\_\_\_

ORDERING DR. \_\_\_\_\_ MEDICARE AUC # \_\_\_\_\_

INSURANCE CO \_\_\_\_\_ CLAIM/ID # \_\_\_\_\_ AUTH # \_\_\_\_\_

SYMPTOMS/CLINICAL \_\_\_\_\_

**MRI EXAMS:**  WITH CONTRAST IF INDICATED

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> MRI Brain           <ul style="list-style-type: none"> <li><input type="checkbox"/> Pituitary Protocol</li> <li><input type="checkbox"/> IAC Protocol</li> <li><input type="checkbox"/> Trigeminal Protocol</li> </ul> </li> <li><input type="checkbox"/> MRA Brain/Head/COW</li> <li><input type="checkbox"/> MRI Cervical Spine</li> <li><input type="checkbox"/> MRA Neck/Carotids</li> <li><input type="checkbox"/> MRI Cranio-Cervical</li> <li><input type="checkbox"/> MRI Thoracic Spine</li> <li><input type="checkbox"/> MRI Lumbar Spine</li> <li><input type="checkbox"/> SI Joints</li> <li><input type="checkbox"/> MRI Abdomen</li> <li><input type="checkbox"/> MRI Pelvis           <ul style="list-style-type: none"> <li><input type="checkbox"/> Female Pelvis Protocol</li> </ul> </li> <li><input type="checkbox"/> MRI Breast</li> <li><input type="checkbox"/> MRI Other _____</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> MRI Hip .....L.....R</li> <li><input type="checkbox"/> MRI Knee .....L.....R</li> <li><input type="checkbox"/> MRI Ankle/Hindfoot .....L.....R</li> <li><input type="checkbox"/> MRI Midfoot.....L.....R</li> <li><input type="checkbox"/> MRI Forefoot.....L.....R</li> <li><input type="checkbox"/> MRI Shoulder .....L.....R</li> <li><input type="checkbox"/> MRI Elbow.....L.....R</li> <li><input type="checkbox"/> MRI Wrist .....L.....R</li> <li><input type="checkbox"/> MRI Hand / Finger .....L.....R</li> <li><input type="checkbox"/> MR Arthrogram Shoulder .....L.....R</li> <li><input type="checkbox"/> MR Arthrogram Wrist .....L.....R</li> <li><input type="checkbox"/> MR Arthrogram Hip .....L.....R</li> <li><input type="checkbox"/> MR Arthrogram Other _____</li> </ul> |
|---|--|

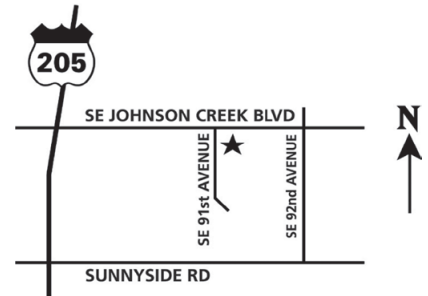
**X-RAY EXAMS:**

- |   |  |  |
|---|--|--|
| <p><b>Cervical Spine</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Routine-AP/LAT/APOM</li> <li><input type="checkbox"/> Routine &amp; FLEX/EXT</li> <li><input type="checkbox"/> Routine &amp; Obliques</li> <li><input type="checkbox"/> Routine FLEX/EXT &amp; Obliques</li> </ul> <p><b>Thoracic Spine</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> AP / LAT / Swimmer's</li> </ul> <p><b>Lumbar Spine</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Routine-AP/LAT/SPOTS</li> <li><input type="checkbox"/> Routine &amp; FLEX/EXT</li> <li><input type="checkbox"/> Routine &amp; Obliques</li> <li><input type="checkbox"/> Routine FLEX/EXT &amp; Obliques</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Lower <b>Cervical</b> L/R Lateral Bending</li> <li><input type="checkbox"/> Open Mouth <b>Cervical</b> L/R Lateral Bending</li> <li><input type="checkbox"/> AP <b>Lumbar</b> L/R Lateral Bending</li> <li><input type="checkbox"/> Scoliosis Study - Full Spine 1V</li> <li><input type="checkbox"/> Standing Bilateral Bone Length Study &amp; Upright AP Pelvis</li> <li><input type="checkbox"/> Standing Bilateral Bone Length Study ONLY</li> <li><input type="checkbox"/> Postural Series – includes AP Thoracolumbar &amp; AP / LAT Pelvis</li> <li><input type="checkbox"/> Chamberlain's Stress Study for Pelvis / SI</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Pelvis</li> <li><input type="checkbox"/> Hip .....L.....R</li> <li><input type="checkbox"/> Knee .....L.....R</li> <li><input type="checkbox"/> Ankle.....L.....R</li> <li><input type="checkbox"/> Foot .....L.....R</li> <li><input type="checkbox"/> Shoulder .....L.....R</li> <li><input type="checkbox"/> AC Joints w/&amp; w/o weights</li> <li><input type="checkbox"/> Elbow.....L.....R</li> <li><input type="checkbox"/> Wrist .....L.....R</li> <li><input type="checkbox"/> Hand.....L.....R</li> <li><input type="checkbox"/> Ribs Bilateral</li> <li><input type="checkbox"/> Ribs Unilateral ...L.....R</li> <li><input type="checkbox"/> Chest 2V PA/LAT</li> <li><input type="checkbox"/> Other _____</li> </ul> |
|---|--|--|



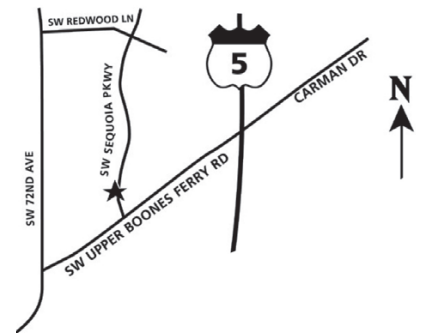
9200 SE 91st Avenue, Suite 330  
Happy Valley, OR 97086  
**Phone: 503-774-7700**

From Interstate 205, take Exit 16, Johnson Creek Blvd, proceed East, and take a Right on 91st Avenue. We are located in the Mt. Scott Professional Building on the Left. The parking lot is easy to identify.



15755 SW Sequoia Pkwy, Suite 100  
Tigard, OR 97224  
**Phone: 503-639-9700**

From Interstate 5, take Exit 291, Carmen Drive. Proceed West off the exit. Turn onto SW Sequoia Parkway. The entrance to our parking lot is the first Left.



24076 SE Stark Street, Suite 180  
Gresham, OR 97030  
**Phone: 503-661-6500**

From Interstate 84, take Exit 16, 238th Drive, towards Wood Village. Turn Right on 238th Drive, it becomes 242nd Drive. Turn Right on SE Stark Street. We are on the Left.



17885 NW Evergreen Place, Suite 100  
Beaverton, OR 97006  
**Phone: 503-746-7858**

**Westbound from Portland:** Take US Highway 26 to Exit 65, Cornell Road. Proceed left off the exit and continue on Cornell for approximately 1.5 miles to Evergreen Parkway. Turn Right onto Evergreen Parkway and our building will be on your Right.

**Eastbound:** Take US Highway 26 to Exit 64, the 185th Ave Exit. Proceed South onto 185th Avenue to Cornell Road. Take a Left onto Cornell. Take a Left onto Evergreen Parkway and our building will be on your Right.

