Consultants in Diagnostic Imaging, Inc.

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CDI ACCT #:
CDI DOS:

PATIENT INFORMATION

Patient Name:

Date of Birth: M: F:

Date of Study:

Name of Referring Doctor:

PATIENT HISTORY

PRESENT COMPLAINT:

PERTINENT PAST HISTORY:

SURGERY (incl. type and result):

SPECIFIC CONCERN:

BILLING INFORMATION

Bill credit card on file:

X-ray, Cervical spine
X-ray, Thoracic spine
X-ray, Lumbar spine
X-ray, Shoulder R L
X-ray, Elbow R L
X-ray, Forearm R L
X-ray, Wrist R L
X-ray, Hand R L
X-ray, Finger R L
X-ray, Pelvis
X-ray, Iliofemoral (hip) R L
X-ray, Femur R L
X-ray, Knee R L
X-ray, Leg R L
X-ray, Ankle R L
X-ray, Heel R L
X-ray, Foot R L
X-ray, Toe R L

MRI. Cervical spine
MRI, Thoracic spine
MRI, Lumbar spine
MRI, Brain/Head
MRI, Upper Extremity
SH EL WR HAND
MRI, Lower Extremity
HIP KN LEG ANK FT
CT, Cervical spine
CT, Thoracic spine
CT, Lumbar spine
CT, Abd/Pelvis
CT, Chest
CT, Brain
CT, Head/Neck
CT, Extremity
SH EL WR/HA
HIP KN ANK/FT
US, Cervical Spine
US, Lumbar Spine
US, SI-joints
US, Extremity
SH EL WR/HA
HIP KN ANK/FT

Jan Martensen, D.C., Ph.D., D.A.C.B.R.
Board Certified Chiropractic Radiologist, Director