

**SCHEDULE BY CALLING, FAXING OR EMAIL:**

P: 503.253.1105 F: 503.535.8394

E: scheduling@epicimaging.com

**Chiropractic Order Form**☐ Bethany☐ Hall/Nimbus☐ Gateway☐ Happy Valley☐ Patient will call to schedule ☐ Call patient to schedule

Appointment date and time		Check-in time	
Patient name (as shown on insurance card)		Primary phone	Secondary phone
Patient DOB	<input type="radio"/> M <input type="radio"/> F	Authorization #	Authorization insurance phone
Insurance	Insurance ID #	Group #	
<input type="radio"/> Auto <input type="radio"/> Workers' comp <input type="radio"/> Commercial/Private		Date of injury	Attorney name/Claim #

**(REQUIRED) Written diagnosis/reason/symptom for exam(s).** Must include **specific** clinical indications (such as location, context and severity) to support medical necessity for each test.Is the exam/procedure related to an injury? ☐ No ☐ Yes If yes ☐ Initial ☐ Subsequent or ☐ SequelaIf you prefer, you may request: ☐ MD read only OR ☐ Chiropractic read (includes MD read)**X-RAY****SPINE**☐ Cervical spine (AP, APOM, Lat)

Additional views:

- ☐ Flex/Ext
- ☐ Obliques
- ☐ APOM R/L lateral bending
- ☐ AP, APOM, lat, flex, ext, obliques (Davis series)

☐ Thoracic spine (AP, lat)

Additional views:

☐ AP, lat, swimmers☐ Lumbar spine (AP/PA, lat)☐ AP/PA, lat☐ Lat L/S spot☐ Axial L/S spot☐ Obliques☐ Flex/Ext☐ R/L lateral bending☐ Sacrum/Coccyx☐ AP, lat☐ Scoliosis assessment☐ AP, lat, T/L (thoracolumbar)☐ Other spine views

(specify) \_\_\_\_\_

**UPPER EXTREMITY**☐ Shoulder☐ AP with int/ext rotation☐ Grashey☐ Transaxial☐ 'Y' view☐ Clavicle☐ Acromioclavicular joints ☐ R ☐ L☐ With and without weight-bearing☐ Elbow ☐ R ☐ L☐ AP, lat☐ Radial head☐ Wrist ☐ R ☐ L☐ PA, lat, obl☐ Scaphoid☐ Hand ☐ R ☐ L☐ PA, lat, obl**LOWER EXTREMITY**☐ Pelvis☐ AP☐ Hip ☐ R ☐ L☐ AP pelvis/frog leg lateral☐ Knee ☐ R ☐ L☐ AP, lat☐ Tunnel☐ Sunrise☐ PA/Rosenberg☐ Ankle ☐ R ☐ L☐ AP, lat, obl☐ Foot ☐ R ☐ L☐ AP, lat, obl**CHEST/THORAX IMAGING**☐ Chest☐ PA, lat ☐ PA☐ Ribs ☐ R ☐ L☐ Upper AP or PA, obl, PA chest☐ Lower AP or PA, obl, PA chest**OSTEOPOROSIS SCREENING****DXA/BMD SCAN**

• History of pathological fracture?

☐ No ☐ Yes• Age-related osteoporosis w/o current pathological fracture? ☐ No ☐ Yes• Estrogen deficiency/clinical risk for osteoporosis? ☐ No ☐ Yes• Is patient taking FDA-approved osteoporosis drug or current long-term use of steroids? ☐ No ☐ Yes• Including vertebral fracture assessment (Gateway only) ☐ No ☐ Yes**MRI**☐ IV contrast as clinically indicated by radiologist OR ☐ No contrast☐ Angiogram☐ Arthrogram (joint injection)☐ Cervical spine☐ Thoracic spine☐ Lumbar spine☐ Shoulder ☐ R ☐ L ☐ BIL☐ Knee☐ Hip☐ Ankle☐ Extremity (specify): \_\_\_\_\_☐ Other: \_\_\_\_\_**CT**☐ IV contrast as clinically indicated by radiologist  
OR ☐ No contrast☐ 3D reconstructions as clinically indicated by radiologist  
OR ☐ No 3D reconstructions☐ CT leg length study☐ CT spine (specify): \_\_\_\_\_☐ CT extremity (specify): \_\_\_\_\_☐ Other: \_\_\_\_\_**OTHER:** \_\_\_\_\_Previous treatments/Imaging/Exams ☐ No ☐ Yes What type \_\_\_\_\_Patient considerations (check all that apply) ☐ Requires transportation ☐ Allergies to contrast agents ☐ Diabetes ☐ Weight consideration
☐ Interpreter needed (language) \_\_\_\_\_ ☐ Renal failure/Dialysis ☐ Claustrophobic ☐ Sedation (administered by CDI)  
 All patients receiving sedation require a driver.
Lab Results Creatinine \_\_\_\_\_ BUN \_\_\_\_\_ Blood draw date \_\_\_\_\_ ☐ On-site creatinine testing needed
**REPORTING METHOD:** ☐ Hold and call \_\_\_\_\_ ☐ Read and call \_\_\_\_\_ ☐ STAT/ASAP  
☐ Next-day follow-up ☐ Patient to hand carry films/CD ☐ Routine

Provider name (print)	Provider location	Phone #
Provider signature (required) Do not use rubber stamp. <input type="checkbox"/> Electronically signed	NPI # (required)	Date

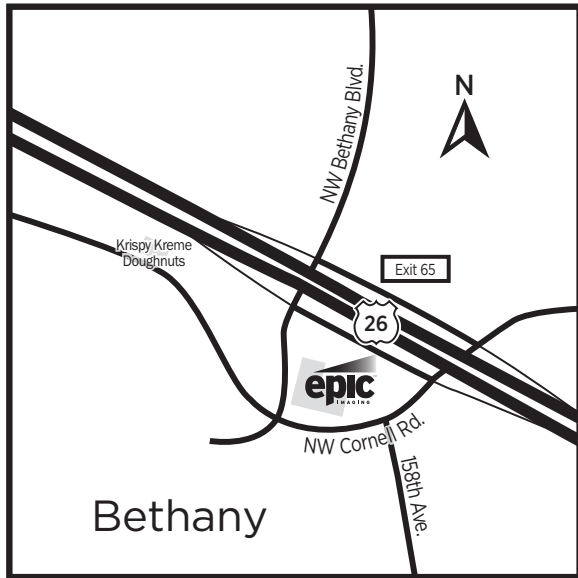
## PATIENT PREPARATION

### Arthrogram • DXA Scan

No preparation is necessary.

### CT • MRI

Please bring prior MRI, CT or X-ray films. Call for instructions: 503.253.1105



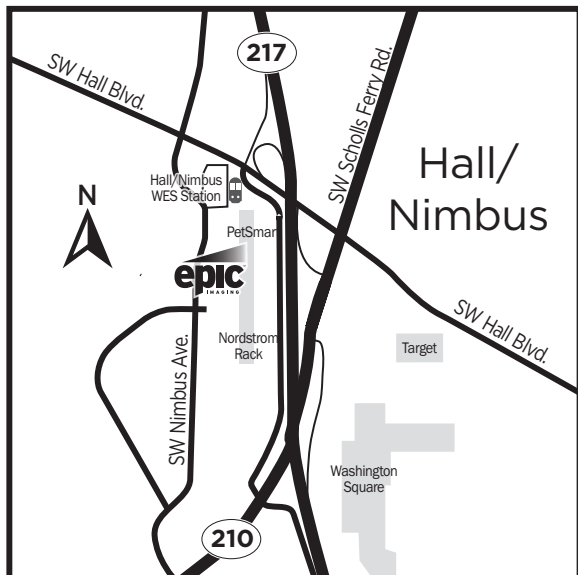
#### BETHANY

1500 NW Bethany Blvd., Suite 100  
Beaverton, OR 97006



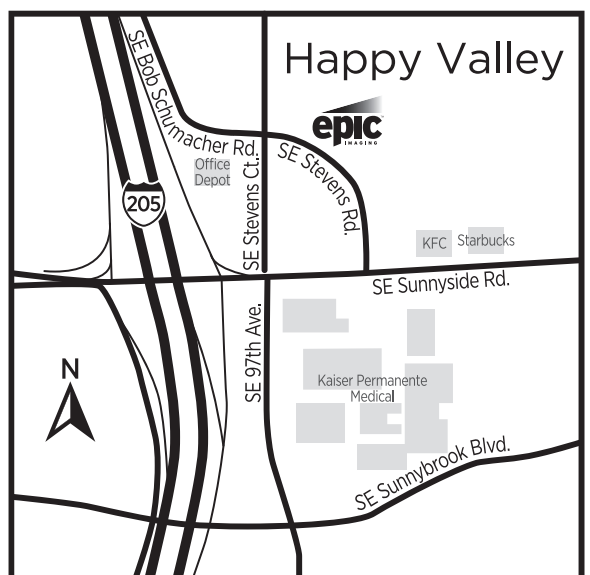
#### GATEWAY

233 NE 102nd Ave.  
Portland, OR 97220



#### HALL/NIMBUS

8950 SW Nimbus Ave.  
Beaverton, OR 97008



#### HAPPY VALLEY

10121 SE Sunnyside Rd., Suite 170  
Clackamas, OR 97015