

X-RAY REQUEST

X-Ray and Imaging Appointment Request

Name: _____

Date of Exam: _____ Time: _____

Referring MD: _____ Phone: _____

Area of Interest:

- MRI _____
- CT Scan _____
- Ultrasound Exam _____
- Mammogram _____
- Fluoroscopy _____
- General X-Ray _____
- Other _____
- Old Films Date _____ Place _____

Scheduled appointments are preferable for MRI, CT, Ultrasound, and Fluoroscopy.

Lab work may be done at the time of the exam.

Indication for exam: _____

