

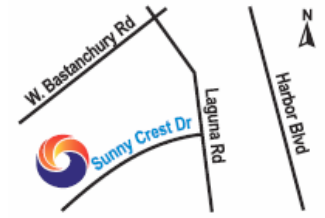
Open Hours

Monday-Friday 7:30am-8:00pm

Saturday 8:00am-6:00pm



1955 Sunnycrest Dr. #110, Fullerton, CA 92835
Tel: 714-578-8882 Fax: 714-578-8886
www.shin-imaging.com



PATIENT NAME _____ DOB _____ APPOINTMENT DATE _____

DIAGNOSIS _____

- 3T MRI** Without Contrast
 With Contrast
 With & Without Contrast

- Cervical Spine
- Thoracic Spine
- Lumbar Spine
- Shoulder R L
- Elbow R L
- Hand / Wrist R L
- Hip / Pelvis R L
- Knee R L
- Ankle R L
- Foot R L
- Brachial Plexus
- Other _____

Referring Physician _____

Date Ordered _____

Physician's Signature _____

Special Indication _____

Chiropractic Radiologist (DACBR) Report

Labs needed for Contrast Studies if any of following are marked: _____ Renal Disease _____ Age>60

- WEB ACCESS CD STAT MEDICARE INSURANCE PI LIEN CASH