



Acupuncture & Eastern Medicine • Ayurveda • Chiropractic • Diagnostic Imaging • Human Performance Optimization  
Massage Therapy • Spine Care • Sports Medicine • Tactical Sports Medicine • Ouch! Urgent Care

**REQUISITION FOR IMAGING INTERPRETATION**

Patient: \_\_\_\_\_

Age: \_\_\_\_ Sex: \_\_\_\_

Date studies were taken: \_\_\_\_\_

Studies to be interpreted: C/S T/S L/S Upper Extremities: \_\_\_\_\_

Other (specify): \_\_\_\_\_ Lower Extremities: \_\_\_\_\_

Name of Dr.: \_\_\_\_\_ Phone# (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_ Fax# (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_

Call\_\_ Fax report\_\_

Related trauma? \_\_No \_\_Yes

Date of injury: \_\_\_\_\_

**Pertinent history and/or concerns to be addressed:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_