SCU HEALTH
INTEGRATIVE HEALTH & MEDICINE

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

REQUISITION FOR X-RAY EXAMINATION – Whittier

Patient: _____ Age: ____ Sex: _____

Referring Dr.: _____ Phone: _____ Call _____

Send Report/Images securely via E-mail _____ E-mail address: _____

CIRCLE EXAMINATIONS REQUESTED (Please sign below to authorize exam):

3v C/S 5v C/S (w/obl.) (w/flex/ext.) 7v C/S 2v T/S 2v Chest 2v L/S 3v L/S
5v L/S (w/obl.) (w/flex/ext.) 7v L/S Extremity (specify) _____ Other_____

Billing: (Circle One) Patient pay / Group Ins. **(ICD-9 Codes if available _____)** / Bill Dr.

Payment is expected at time of service unless prior arrangements have been made.

Related trauma? No / Yes Date of injury: _____

Any specific concerns to be addressed: _____

_____

Dr. Signature for authorization_____

Verification of non-pregnancy: _____

University Health Center – Whittier

16200 E. Amber Valley Drive
Whittier, CA 90604
Please call for an appointment.
(562) 943-7125