



VANCOUVER RADIOLOGISTS, P.C.
Scheduling Hotline: 360.944.XRAY (9729)
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Medical Center Physicians' Building South View Center at Fisher's Landing
 505 NE 87th Ave., Ste LL50 3250 SE 164th Ave., Ste. 108
 Vancouver, WA 98664 Vancouver, WA 98683

APPOINTMENT:
 DATE _____
 TIME _____
 LOCATION _____

Patient Information

Today's Date _____
 Name _____
 Phone _____ DOB _____
 Allergies _____

Referring Provider Information

Name _____ Office Phone # _____
 Fax _____ After Hours Phone _____
 Treating Physician _____

Insurance Information

Insurance _____
 Authorization # _____

When the Exam is Completed

Hold Patient Call Report (STAT)
 Print Films Burn CD

Reports and images are available at
<http://results.vanrad.com>

Are relevant comparison films and report available? Yes No *If Yes,* Date of Study _____
 Where study was performed _____

Clinical History Relevant To Exam (REQUIRED)

TYPE OF EXAM	AREA OF INTEREST
General X-Ray	Spine
	<input type="radio"/> Postural Study <input type="radio"/> Cervical Spine <input type="radio"/> AP, APOM, Lat <input type="radio"/> AP, APOM, Lat, Flex, Ext <input type="radio"/> AP, APOM, Lat, Obl <input type="radio"/> Davis Series (All of the above) <input type="radio"/> LPO/RPO Only
	<input type="radio"/> Thoracic Spine <input type="radio"/> AP, Lat, Swimmers <input type="radio"/> AP, Lat <input type="radio"/> Lumbar Spine <input type="radio"/> AP, Lat <input type="radio"/> AP, Lat, Lat L/S Spot <input type="radio"/> AP, Lat, Obl <input type="radio"/> + Flexion/Extension <input type="radio"/> + Lateral Bending <input type="radio"/> LPO/RPO Only
	<input type="radio"/> Sacrum <input type="radio"/> AP, Lat <input type="radio"/> Sacral Base Angle Spot <input type="radio"/> Coccyx <input type="radio"/> AP, Lat <input type="radio"/> Other _____
	Lower Extremity
	<input type="radio"/> Pelvis <input type="radio"/> AP <input type="radio"/> Hip <input type="radio"/> AP Pelvis/Frog Leg Lateral <input type="radio"/> Unilateral R / L <input type="radio"/> Bilateral
	<input type="radio"/> Knee R / L <input type="radio"/> AP, Lat <input type="radio"/> AP, Lat, Intercondylar, Tangential <input type="radio"/> +Obliques <input type="radio"/> Ankle R / L <input type="radio"/> AP, Lat, Obl <input type="radio"/> + Stress Views
	Upper Extremity
	<input type="radio"/> Shoulder R / L <input type="radio"/> Internal/External Rotation <input type="radio"/> Transaxial <input type="radio"/> Clavicle R / L <input type="radio"/> AP, AP Cranial Angulation <input type="radio"/> Acromioclavicular Joints R / L <input type="radio"/> With & Without Weight Bearing
	<input type="radio"/> Elbow R / L <input type="radio"/> AP, Lat <input type="radio"/> AP, Lat, Obl <input type="radio"/> + Tangential <input type="radio"/> + Radial Head <input type="radio"/> + Lateral Bending <input type="radio"/> Wrist <input type="radio"/> AP, Lat, Obl <input type="radio"/> AP, Lat, Obl, PA Ulnar Flexion <input type="radio"/> + Carpal Tunnel <input type="radio"/> + Scaphoid <input type="radio"/> + Lateral Obl (Pisiform)
	Hand <input type="radio"/> AP, Lat, Obl <input type="radio"/> + Norgaard's
	<input type="radio"/> Fingers/Thumb R / L <input type="radio"/> PA, Lat, Obl <input type="radio"/> Ribs <input type="radio"/> Upper-AP or PA, Obl, PA Chest <input type="radio"/> Lower-AP or PA, Obl, PA Chest <input type="radio"/> + Tangential <input type="radio"/> Other _____
	<input type="radio"/> Other _____
DEXA Scan (87th Only)	<input type="radio"/> Osteoporosis Screening
MRI (South View Only)	<input type="radio"/> Cervical Spine <input type="radio"/> Extremity <input type="radio"/> Thoracic Spine <input type="radio"/> Other: _____ <input type="radio"/> Lumbar Spine
Nuclear Medicine (87th Only)	<input type="radio"/> Bone Scan

See Reverse Side For Prep Instructions and Directions To Our Office