



## X-RAY REFERRAL

Concordia St. Paul Building / 393 North Dunlap St Suite LL-40 St. Paul, MN 55104

Tel: (651) 647-0000 / Fax: (651) 647-1111

PATIENT: \_\_\_\_\_ DATE: \_\_\_\_\_

DOB: \_\_\_\_\_ PHONE: \_\_\_\_\_ MALE: \_\_\_\_\_ FEMALE: \_\_\_\_\_

PATIENT ADDRESS: \_\_\_\_\_

REFERRING PHYSICIAN: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

<p style="text-align: center;"><b>CERVICAL SPINE</b></p> <p><input type="checkbox"/> AP-Open mouth</p> <p><input type="checkbox"/> AP-Cervical</p> <p><input type="checkbox"/> LAT-Cervical neutral</p> <p><input type="checkbox"/> LAT-Cervical flexion</p> <p><input type="checkbox"/> LAT-Cervical extension</p> <p><input type="checkbox"/> Obliques</p> <p><input type="checkbox"/> Other: _____</p>	<p style="text-align: center;"><b>UPPER/LOWER EXTREMITIES</b></p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> INT-Shoulder L – R</td> <td><input type="checkbox"/> AP-Knee L – R</td> </tr> <tr> <td><input type="checkbox"/> EXT-Shoulder L – R</td> <td><input type="checkbox"/> LAT-Knee L – R</td> </tr> <tr> <td><input type="checkbox"/> Baby arm L – R</td> <td><input type="checkbox"/> Tunnel view knee L – R</td> </tr> <tr> <td><input type="checkbox"/> AP – Elbow L – R</td> <td><input type="checkbox"/> AP-Ankle L – R</td> </tr> <tr> <td><input type="checkbox"/> LAT-Elbow L – R</td> <td><input type="checkbox"/> LAT-Ankle L – R</td> </tr> <tr> <td><input type="checkbox"/> PA – Wrist L – R</td> <td><input type="checkbox"/> AP-Foot L – R</td> </tr> <tr> <td><input type="checkbox"/> LAT-Wrist L – R</td> <td><input type="checkbox"/> LAT-Foot L – R</td> </tr> <tr> <td><input type="checkbox"/> AP-Hand L – R</td> <td><input type="checkbox"/> Other: _____</td> </tr> <tr> <td><input type="checkbox"/> LAT-Hand L – R</td> <td></td> </tr> </table>	<input type="checkbox"/> INT-Shoulder L – R	<input type="checkbox"/> AP-Knee L – R	<input type="checkbox"/> EXT-Shoulder L – R	<input type="checkbox"/> LAT-Knee L – R	<input type="checkbox"/> Baby arm L – R	<input type="checkbox"/> Tunnel view knee L – R	<input type="checkbox"/> AP – Elbow L – R	<input type="checkbox"/> AP-Ankle L – R	<input type="checkbox"/> LAT-Elbow L – R	<input type="checkbox"/> LAT-Ankle L – R	<input type="checkbox"/> PA – Wrist L – R	<input type="checkbox"/> AP-Foot L – R	<input type="checkbox"/> LAT-Wrist L – R	<input type="checkbox"/> LAT-Foot L – R	<input type="checkbox"/> AP-Hand L – R	<input type="checkbox"/> Other: _____	<input type="checkbox"/> LAT-Hand L – R	
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<p style="text-align: center;"><b>THORACIC SPINE</b></p> <p><input type="checkbox"/> APT-Anterior – Posterior</p> <p><input type="checkbox"/> LT – Lateral Thoracic</p> <p><input type="checkbox"/> PA – Chest – Posterior – Anterior</p> <p><input type="checkbox"/> LAT – Chest</p> <p><input type="checkbox"/> Ribs L – R</p> <p><input type="checkbox"/> Other: _____</p>	<p style="text-align: center;"><b>LUMBAR SPINE</b></p> <p><input type="checkbox"/> APLP</p> <p><input type="checkbox"/> LLS – Lateral lumbosacral</p> <p><input type="checkbox"/> Lumbar Obliques</p> <p><input type="checkbox"/> Lumbar flexion / extension</p> <p><input type="checkbox"/> L5 – S1 spot</p> <p><input type="checkbox"/> AP - Pelvis</p> <p><input type="checkbox"/> AP – Hip L - R</p> <p><input type="checkbox"/> Other: _____</p>																		

Attorney: \_\_\_\_\_ Phone: \_\_\_\_\_

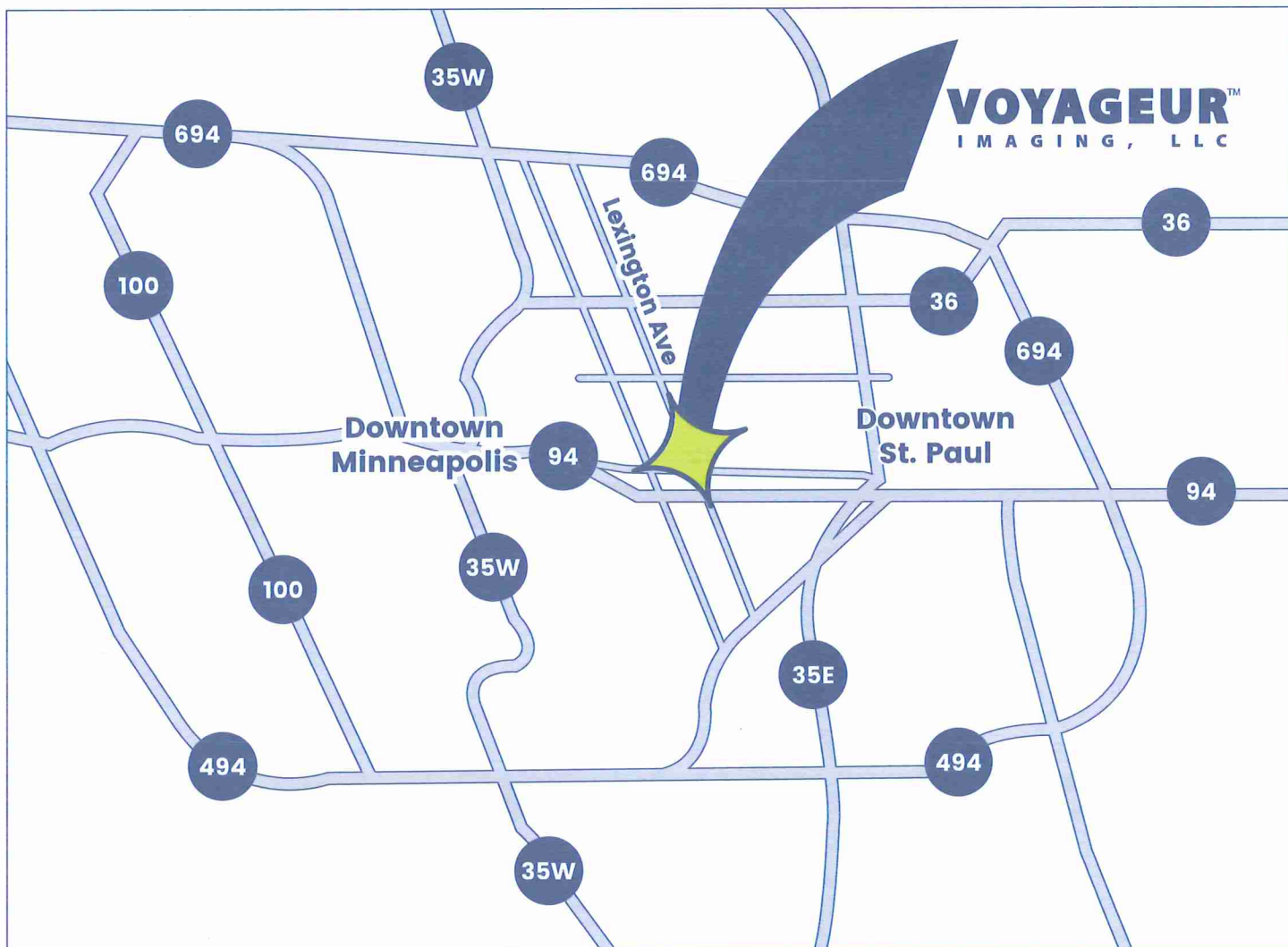
Insurance Company: \_\_\_\_\_

Address: \_\_\_\_\_

Claim Number / ID: \_\_\_\_\_ Phone: \_\_\_\_\_

<b>SIGNIFICANT HISTORY, SYMPTOMS AND CLINICAL FINDINGS</b>			
TYPE OF TRAUMA: AUTO INJURY _____ WORK INJURY _____ SLIP AND FALL _____ OTHER _____			
<input type="checkbox"/> NECK PAIN	<input type="checkbox"/> THORACIC PAIN	<input type="checkbox"/> DECREASED ROM	<input type="checkbox"/> SCIATICA
<input type="checkbox"/> LUMBAR PAIN	<input type="checkbox"/> HEADACHE	<input type="checkbox"/> ARM TINGLING	<input type="checkbox"/> MUSCLE SPASM
DATE OF TRAUMA: _____ HISTORY OF SURGERY/MALIGNANCY: _____ YES _____ NO			

PHYSICIAN SIGNATURE: \_\_\_\_\_



## DIRECTIONS:

**FROM MINNEAPOLIS:** I-94 East to Lexington Parkway. Exit and turn left onto Lexington, crossing over I-94. Turn Left on to Frontage Road. Concordia St. Paul Building is the large brick building to the right.

**FROM EAST ST. PAUL:** I-94 West to Lexington Parkway. Exit to Lexington onto Frontage Road. Concordia St. Paul Building is the large brick building to the right.

**FROM NORTH OF ST. PAUL:** Take 35E South to I-94 West. Exit at Lexington Parkway. Cross over Lexington onto Frontage Road. Concordia St. Paul Building is the large brick building to the right.

**FROM SOUTH OF ST. PAUL:** Hwy. 52 North to I-94 West. Exit at Lexington Parkway. Cross over Lexington onto Frontage Road. Concordia St. Paul Building is the large brick building to the right.



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