



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: _____

CERVICAL SPINE <input type="checkbox"/> AP-Open mouth <input type="checkbox"/> AP-Cervical <input type="checkbox"/> LAT-Cervical neutral <input type="checkbox"/> LAT-Cervical flexion <input type="checkbox"/> LAT-Cervical extension <input type="checkbox"/> Obliques <input type="checkbox"/> Other: _____	UPPER/LOWER EXTREMITIES <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
THORACIC SPINE <input type="checkbox"/> APT-Anterior – Posterior <input type="checkbox"/> LT – Lateral Thoracic <input type="checkbox"/> PA – Chest – Posterior – Anterior <input type="checkbox"/> LAT – Chest <input type="checkbox"/> Ribs L-R <input type="checkbox"/> Other: _____	LUMBAR SPINE <input type="checkbox"/> APLP <input type="checkbox"/> LLS – Lateral lumbosacral <input type="checkbox"/> Lumbar Obliques <input type="checkbox"/> Lumbar flexion / extension <input type="checkbox"/> L5 – S1 spot <input type="checkbox"/> AP - Pelvis <input type="checkbox"/> AP – Hip L - R <input type="checkbox"/> Other: _____

Attorney: _____	Phone: _____
Insurance Company: _____	_____
Address: _____	_____
Claim Number / ID: _____	Phone: _____

SIGNIFICANT HISTORY, SYMPTOMS AND CLINICAL FINDINGS

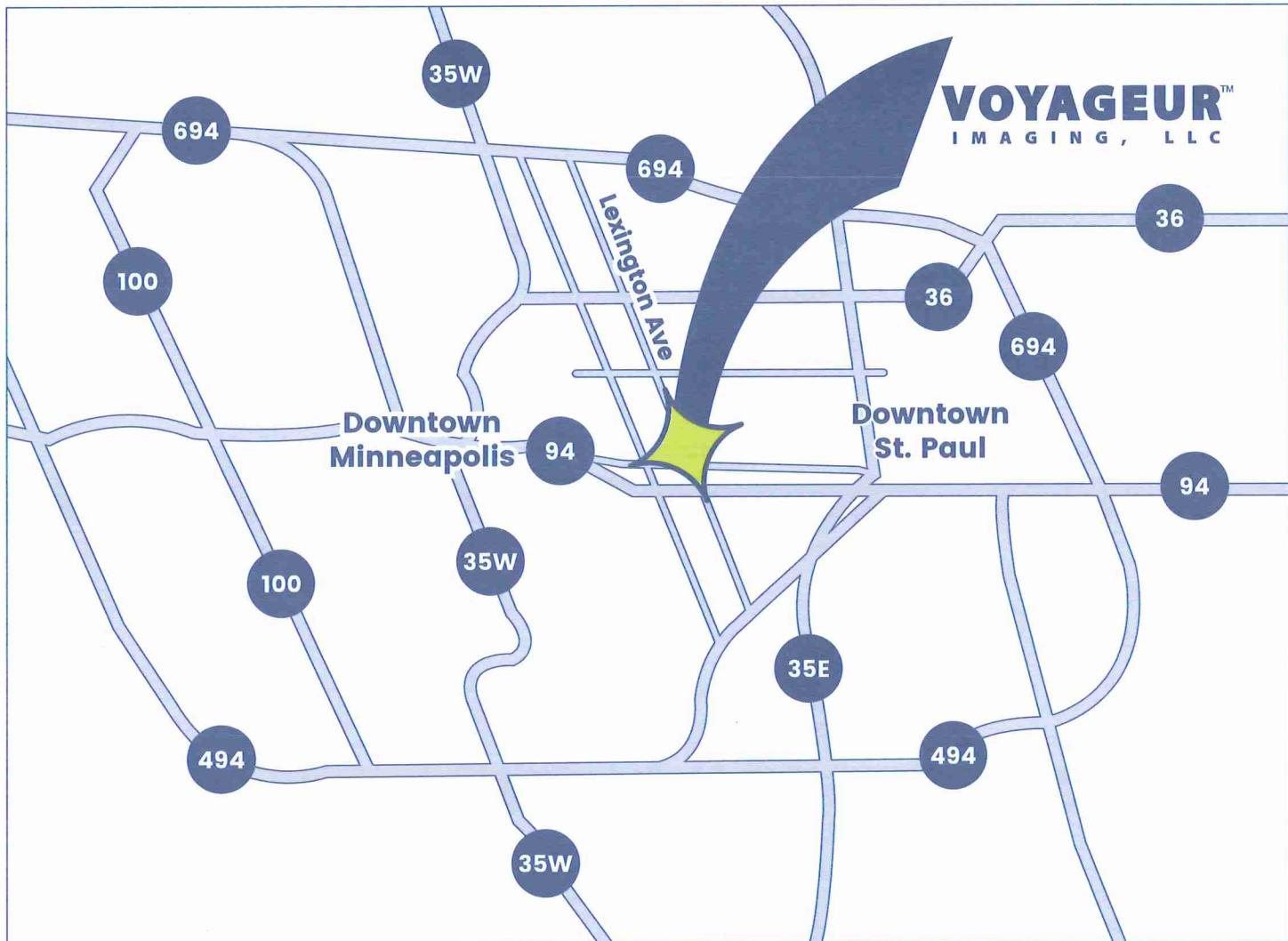
TYPE OF TRAUMA: AUTO INJURY _____ WORK INJURY _____ SLIP AND FALL _____ OTHER _____

NECK PAIN THORACIC PAIN DECREASED ROM SCIATICA

LUMBAR PAIN HEADACHE ARM TINGLING 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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