GOLDEN PACIFIC IMAGING

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- ☐ **Los Angeles**
- ☐ **Orange County**
- ☐ **Inland Empire**
- ☐ **Santa Clarita**
- ☐ **Lancaster/Victorville**
- ☐ **San Fernando Valley**

# Physician Order Form

## Patient Information

Patient Name: _____
Patient Address: _____
Patient Phone: _____
Patient Email: _____
DOB: _____
Gender: _____
Height: _____ Weight: _____

## Patient Information

Referring Physician: _____
Referring Clinic: _____
Diagnosis: _____
Phone: _____
Email: _____
Fax: _____
Consulting Physician: _____

◯ MRI ◯ CT ◯ X-Ray

### Head & Neck

- ☐ Brain
- ☐ Neck Soft Tissue
- ☐ TMJ
- ☐ Face
- ☐ IAC / Pituitary
- ☐ Orbits

### Body

- ☐ Abdomen
- ☐ Abdomen / MRCP
- ☐ Abdomen / Kidneys
- ☐ Abdomen / Adrenal Glands
- ☐ Abdomen / Liver
- ☐ Brachial Plexus
- ☐ Pelvis Soft-Tissue
- ☐ Bone Pelvis
- ☐ Sacrum / Coccyx
- ☐ Chest

### Musculoskeletal

| | | |
|---|---|---|
| ☐ Ankle | ◯ L | ◯ R |
| ☐ Clavicle | ◯ L | ◯ R |
| ☐ Elbow | ◯ L | ◯ R |
| ☐ Femur | ◯ L | ◯ R |
| ☐ Finger | ◯ L | ◯ R |
| ☐ Foot | ◯ L | ◯ R |
| ☐ Forearm | ◯ L | ◯ R |
| ☐ Hand | ◯ L | ◯ R |
| ☐ Heel | ◯ L | ◯ R |
| ☐ Hip | ◯ L | ◯ R |
| ☐ Humerus | ◯ L | ◯ R |
| ☐ Knee | ◯ L | ◯ R |
| ☐ Shoulder | ◯ L | ◯ R |
| ☐ Tibia / Fibula | ◯ L | ◯ R |
| ☐ Toes | ◯ L | ◯ R |
| ☐ Wrist | ◯ L | ◯ R |
| ☐ Other: _____ | ◯ L | ◯ R |

### Contrast

◯ With ◯ Without ◯ With & Without

### Spine

- ☐ C-Spine
- ☐ T-Spine
- ☐ L-Spine

### MRA

- ☐ Brain / Head / Circle of Willis
- ☐ Neck / Carotid

### Attorney Information

ICD-10 Code / Diagnosis: _____
Attorney name: _____
Attorney number: _____
Date of injury: _____

- ☐ MVA
- ☐ Slip and Fall

## Physician's Notes

Applicable patient history description

_____
_____
_____

Specify exam if not listed: _____
Physician signature: _____
Additional notes: _____
Date: _____