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|--|---|
| ☐ Dallas Proper | ☐ McKinney |
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| ☐ Irving | ☐ Mesquite |
| ☐ Frisco | ☐ Denton County |
| ☐ Plano | ☐ Corpus Christi |
| ☐ DeSoto | |

Physician Order Form

Patient Information

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

☐ MRI ☐ CT ☐ X-Ray

Patient Information

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

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: _____

Attorney email: _____

Date of injury: _____

- ☐ MVA
- ☐ Slip and Fall

Physician's Notes

Applicable patient history description

Specify exam if not listed: _____

Additional notes: _____

Physician signature: _____

Date: _____