

ROMAN FAMILY CHIROPRACTIC PLLC

Chiropractic X-ray Alliance



What you can expect:

- High Quality Digital X-rays
- Fast and friendly service, with professional and knowledgeable technicians
- CD with all of your images so that your chiropractor can review and discuss your findings
- A detailed radiology report from Margaret Seron, DC, DABCO, DACBR

Patient Information: (To be completed by patient only)

Name: _____ Date: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Home Ph: _____ Work Ph: _____ Cell Ph: _____

If Female, are you pregnant or any chance of being pregnant? Yes No

 Patient Signature

 Date

Clinical Information: (To be completed by Chiropractic Professional only)

Cervical:
 Standard (AP, Lat., Open Mouth) \$75
 Flexion/Extension \$35
 Oblique \$35

X-Ray
 Report
 \$35.00

Lumbar:
 Standard (AP, Lat) \$75
 Flexion/Extension \$35
 L5/S1 spot shot \$35
 Oblique \$35

Thoracic:
 Standard (AP, Lat) \$75
 Swimmers \$35

Extremity:
 \$75 (Please specify area and views)
 Additional Requests & Instructions:

Additional Requests & Instructions: Professionals, please use this space to advise of any preexisting spinal conditions for your patient (i.e. history of cancer or tumors, scoliosis, surgeries or fusions, as well as any disc or bone degeneration: _____

 Doctor Signature

 Date

Name of office/Referral Physician: _____ Ph: _____ Fax: _____
 (please advise if there is a specific place to send radiology report)



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