

LOGAN UNIVERSITY

CHIROPRACTIC HEALTH CENTERS

DEPARTMENT OF RADIOLOGY IMAGING REFERRAL REQUEST

IMAGING SERVICES BY APPOINTMENT ONLY

Tel: 636-230-1990

Fax: 636-207-2436

PATIENT INFORMATION

<u>Patient's First Name</u>	<u>Middle Initial</u>	<u>Last Name</u>	<u>Date of Birth</u>
<u>Patient's Address</u>			<u>Gender (female, male)</u>
<u>City</u>	<u>State</u>	<u>Zip</u>	<u>Patient's Telephone #:</u>
<u>Insurance Company</u>	<u>INSURANCE ID #</u>		<u>Patient's Cell #:</u>
	<u>INSURANCE GROUP #</u>		

PATIENT'S HISTORY

Patient's Chief Complaint

Surgeries _____ Trauma _____
Cancer? (yes, no) _____ Type _____

Diagnosis _____

STUDY REQUESTED

Radiography Diagnostic Ultrasound DXA

List Study (Over for list of imaging studies)

REFERRING DOCTOR INFORMATION

<u>Referring Doctor</u>	<u>e-mail</u>
<u>Referring Doctor's Address</u>	<u>License Number</u>
<u>Suite</u>	<u>NPI</u>
<u>City, State, Zip</u>	<u>Fax</u>
<u>Telephone</u>	<u>Date</u>
<u>Doctor's Signature</u>	

Logan University – Chiropractic Health Centers – 1851 Schoettler Road – Chesterfield, MO 63017

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www.logan.edu

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LIST OF RADIOGRAPHIC SERIES				LIST OF DIAGNOSTIC ULTRASOUND STUDIES		
Cervical Spine	3 View	5 View	7 View	Shoulder	Right	Left
Lumbar Spine	3 View	5 View	7 View	Humerus	Right	Left
Thoracic Spine	2 View	3 View		Elbow	Right	Left
Chest	PA Chest	2 View	3 View	Forearm	Right	Left
Rib Series	5 View	Right	Left	Wrist	Right	Left
Sternum	2 View			Hand	Right	Left
Abdomen (KUB)	1 View	2 View		Finger	Right	Left
Obstruction Series	4 View			Hip	Right	Left
Full Spine	2 View	FASP Only – Follow Up		Thoracic Cage/Chest		
Scan-O-Gram	Leg Length			Groin/Hernia		
Clavicle	Right	Left		Hamstring	Right	Left
Shoulder	Right	Left		Quadriceps	Right	Left
Humerus	Right	Left		Femur Series	Right	Left
Elbow	Right	Left		Knee	Right	Left
Forearm	Right	Left		Tibia/Fibula	Right	Left
Wrist	Right	Left		Ankle	Right	Left
Hand	Right	Left		Calcaneal	Right	Left
Finger	Right	Left		Foot	Right	Left
Hip	Right	Left		Toe	Right	Left
AP Pelvis	1 View			Thyroid		
Sacrum/Coccyx	3 View			Carotid Screening		
Sacroiliac Joint	3 View			Abdominal Aorta Screening		
Femur Series	Right	Left				
Knee	Right	Left				
Tibia/Fibula	Right	Left		Other		
Ankle	Right	Left				
Calcaneal	Right	Left				
Foot	Right	Left				
Toe	Right	Left				
Skull	4 View					
Nasal Bone	3 View					
Sinus	3 View					
Mandible	4 View					
TMJ	4 View					
Other						

LIST OF DXA Scans

Dual-Energy X-Ray Absorption (DXA) Extremity
Dual-Energy X-Ray Absorption (DXA) 1 or more sites Pelvis/Hips/Spine
Dual-Energy X-Ray Absorption (DXA) Body Composition Study