

**\* THIS IS YOUR ORIGINAL \***

**GLUE YOUR BUSINESS CARD  
IN THIS SPACE AND THEN  
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TODAY'S DATE: \_\_\_\_\_

OFFICE HOURS: \_\_\_\_\_

\*\*\*\*\*

**RADIOLOGIC CONSULTATION REQUEST**

**Susan L. Vlasuk, DC • Diplomate, American Chiropractic Board of Radiology**

**925 116th Ave NE, Suite 203, Bellevue, WA 98004-4620 • Phone: (425) 451-1199 [fax 425-454-3953]**

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Patient \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Occup \_\_\_\_\_

Study submitted \_\_\_\_\_ Dated \_\_\_\_\_

(date of study and views on which you want a report)

Cervical template:      wanted              not wanted      (include neut, flex, and ext views)

**Complaint(s)**

Pain \_\_\_\_\_

(character and amount; what region?)

Other significant symptom? \_\_\_\_\_

Duration of symptom(s) \_\_\_\_\_ Onset:    sudden    gradual

**History**

Any trauma? \_\_\_\_\_ Any surgery? \_\_\_\_\_

Anything **particularly noteworthy** in the history or physical exam that might be **applicable** to the radiologic interpretation? (Known local pathology, local signs of inflammation, neurological signs, visible deformity, etc., **(only if significant)**).

\_\_\_\_\_

Any known systemic disease? \_\_\_\_\_

Any **significant** family history? \_\_\_\_\_

Is patient taking any medication? \_\_\_\_\_

Any relevant lab findings? \_\_\_\_\_

**PARTICULAR QUESTION(S) ON THESE FILMS**