

## X-RAY ORDER FORM

Patient Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Appointment Date: \_\_\_\_\_ Time: \_\_\_\_\_  am  pm

Appointment Location: \_\_\_\_\_

Body part to be x-rayed: \_\_\_\_\_

Views to be taken: \_\_\_\_\_

Symptoms/Diagnosis: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physician's Signature: \_\_\_\_\_

Physician's name (printed): \_\_\_\_\_

Physician's NPI # \_\_\_\_\_

Films to be sent back with patient for ordering physician ?  Yes  No

\*All images will be read by Corridor Radiology\*