

TYRONE WEI, D.C., D.A.C.B.R.



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<p>MRI Routine</p> <p><input type="checkbox"/> MR Brain</p> <p><input type="checkbox"/> MR Cervical Spine</p> <p><input type="checkbox"/> MR Thoracic Spine</p> <p><input type="checkbox"/> MR Lumbar Spine</p> <p><input type="checkbox"/> MR Shoulder L R</p> <p><input type="checkbox"/> MR Elbow L R</p> <p><input type="checkbox"/> MR Wrist L R</p> <p><input type="checkbox"/> MR Hand L R</p> <p><input type="checkbox"/> MR Hip L R</p> <p><input type="checkbox"/> MR Knee L R</p> <p><input type="checkbox"/> MR Ankle L R</p> <p><input type="checkbox"/> MR Arthrogram Shoulder L R</p> <p><input type="checkbox"/> MR Arthrogram Wrist L R</p> <p><input type="checkbox"/> MR Arthrogram Hip L R</p> <p><input type="checkbox"/> MR Other _____</p>	<p>Postural Leg Length & XRAY Stress Studies</p> <p><input type="checkbox"/> AP Full Spine (single 14" x 50")</p> <p><input type="checkbox"/> LAT Cervical view W/APOM</p> <p><input type="checkbox"/> LAT Thoracic view W/Swimmers</p> <p><input type="checkbox"/> LAT Lumbar view W/L5 S1 Spot</p> <p><input type="checkbox"/> Chamberlain's Stress Study for Pelvis/SI</p> <p><input type="checkbox"/> Standing Bilateral Leg Length Study – includes bone length and upright AP Pelvis</p> <p><input type="checkbox"/> Standing Bilateral Bone Length ONLY</p> <p><input type="checkbox"/> Upright AP Pelvis ONLY</p> <p><input type="checkbox"/> Postural Series – includes AP Thoracolumbar & AP/LAT Pelvis</p> <p><input type="checkbox"/> Scoliosis Full Spine 1 View (14" x 50")</p>	<p>XRAY Routine</p> <p><input type="checkbox"/> UPRIGHT</p> <table style="width:100%;"> <tr> <td style="width:50%; vertical-align: top;"> <p>Cervical</p> <p><input type="checkbox"/> APOM, AP, LAT</p> <p><input type="checkbox"/> APOM, Open Mouth L/R Lateral Bending</p> <p><input type="checkbox"/> 5 view FLEX/EXT</p> <p><input type="checkbox"/> 5 view OBLIQUES</p> <p><input type="checkbox"/> 7 view FLEX/EXT/OBL DAVIS SERIES</p> <p><input type="checkbox"/> Other _____</p> <p>Thoracic</p> <p><input type="checkbox"/> 3 view AP/LAT/SWIMMERS</p> <p>Lumbar</p> <p><input type="checkbox"/> AP, LAT, L/S SPOT</p> <p><input type="checkbox"/> 5 view FLEX/EXT</p> <p><input type="checkbox"/> 5 view LAT Bending</p> <p><input type="checkbox"/> 5 view OBLIQUES</p> </td> <td style="width:50%; vertical-align: top;"> <p>Joints</p> <p><input type="checkbox"/> Shoulder L R</p> <p><input type="checkbox"/> Elbow L R</p> <p><input type="checkbox"/> Wrist L R</p> <p><input type="checkbox"/> Hand L R</p> <p><input type="checkbox"/> Hip L R</p> <p><input type="checkbox"/> Knee L R</p> <p><input type="checkbox"/> Ankle L R</p> <p><input type="checkbox"/> Foot L R</p> <p><input type="checkbox"/> XR Other _____</p> </td> </tr> </table>	<p>Cervical</p> <p><input type="checkbox"/> APOM, AP, LAT</p> <p><input type="checkbox"/> APOM, Open Mouth L/R Lateral Bending</p> <p><input type="checkbox"/> 5 view FLEX/EXT</p> <p><input type="checkbox"/> 5 view OBLIQUES</p> <p><input type="checkbox"/> 7 view FLEX/EXT/OBL DAVIS SERIES</p> <p><input type="checkbox"/> Other _____</p> <p>Thoracic</p> <p><input type="checkbox"/> 3 view AP/LAT/SWIMMERS</p> <p>Lumbar</p> <p><input type="checkbox"/> AP, LAT, L/S SPOT</p> <p><input type="checkbox"/> 5 view FLEX/EXT</p> <p><input type="checkbox"/> 5 view LAT Bending</p> <p><input type="checkbox"/> 5 view OBLIQUES</p>	<p>Joints</p> <p><input type="checkbox"/> Shoulder L R</p> <p><input type="checkbox"/> Elbow L R</p> <p><input type="checkbox"/> Wrist L R</p> <p><input type="checkbox"/> Hand L R</p> <p><input type="checkbox"/> Hip L R</p> <p><input type="checkbox"/> Knee L R</p> <p><input type="checkbox"/> Ankle L R</p> <p><input type="checkbox"/> Foot L R</p> <p><input type="checkbox"/> XR Other _____</p>
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<p>MRI Biomechanical Analysis</p>	<p><input type="checkbox"/> MR Cervical Flexion/Extension <i>Routine Cervical Required</i></p> <p><input type="checkbox"/> MR Cranio-Cervical <i>Includes L/R Lateral Bending</i></p>	<p><input type="checkbox"/> MR Lumbar Flexion/Extension <i>Routine Lumbar Required</i></p> <p><input type="checkbox"/> MR Lumbar Axial Loading <i>Routine Lumbar Required</i></p>		
<p>CT Exams</p> <p><input type="checkbox"/> CT Brain <input type="checkbox"/> W&W/O Contrast</p> <p><input type="checkbox"/> CT Sinus</p> <p><input type="checkbox"/> CT Chest/Thorax <input type="checkbox"/> W&W/O Contrast</p> <p><input type="checkbox"/> CT Abdomen/Pelvis <input type="checkbox"/> W&W/O Contrast</p>	<p><input type="checkbox"/> CT Cervical Spine – Levels _____</p> <p><input type="checkbox"/> CT Thoracic Spine – Levels _____</p> <p><input type="checkbox"/> CT Lumbar Spine – Levels _____</p> <p><input type="checkbox"/> CT Joint _____</p> <p><input type="checkbox"/> CT Other _____</p>			

Patient Name/Date of Birth

Ordering Dr.

Symptoms/Clinical Findings

Fax Results Call Results Films with Patient

Exam Location

- Mt Scott Diagnostic Imaging – Portland MRI and Digital XRAY
- Bridgeport MRI – Tigard MRI and Digital XRAY
- MountainView MRI/CT – Gresham

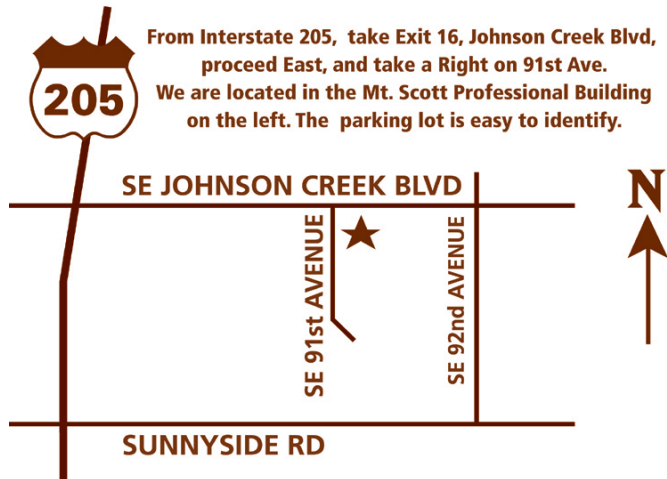
Appointment Date/Time

**ADDITIONAL CENTER INFORMATION WITH MAPS ARE LOCATED ON THE BACK OF THIS FORM
PLEASE BRING THIS FORM AND YOUR INSURANCE CARD TO YOUR APPOINTMENT**



MT. SCOTT
DIAGNOSTIC IMAGING

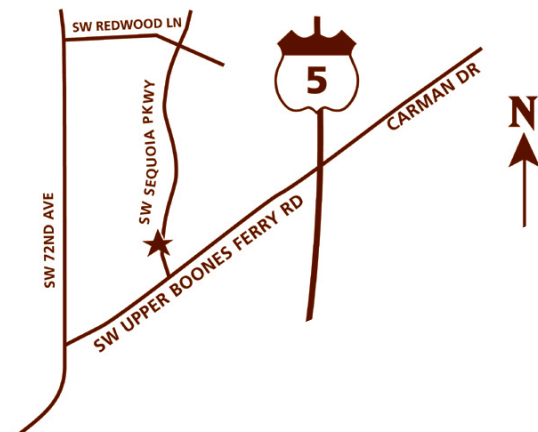
9200 SE 91st Ave., Suite 330
Portland, OR 97086
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BRIDGEPORT
MRI

15755 SW Sequoia Parkway, Suite 100
Tigard, OR 97224
503.639.9700
fax 503.639.9710

From I-5, take exit 291 Carman Drive. Proceed West off the exit. Turn onto SW Sequoia Parkway. The entrance to our parking lot is the first left.




MOUNTAIN VIEW
MRI/CT

24076 Stark Street Suite 180
Gresham, OR 97030
503.661.6500
fax 503.661.6005

From I-84 East, take exit #16, the 238th Dr. Exit towards Wood Village. Turn Right onto 238th Dr. it becomes 242nd Dr. Turn Right on SE Stark St. We are on the Left.

