



# CLIFTON PARK ADVANCED IMAGING

## Request for General X-Ray

648 Plank Road  
Entrance B  
Clifton Park, New York  
12065

518 688.1177  
facsimile 518 688.1199

[www.cliftonparkimaging.com](http://www.cliftonparkimaging.com)

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*Practice Administrator*

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*Manager*

Patient name \_\_\_\_\_ Date of birth \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

Insurance \_\_\_\_\_

Referring physician \_\_\_\_\_

Film copies  Phone report Phone \_\_\_\_\_ FAX \_\_\_\_\_

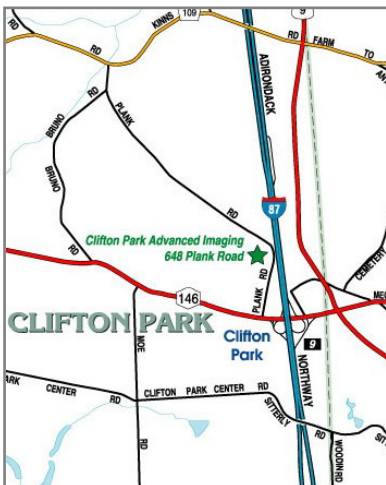
Additional report to \_\_\_\_\_

- |  |   |                                     |                                  |                                    |                                    |       |
|--|---|-------------------------------------|----------------------------------|------------------------------------|------------------------------------|-------|
| <input type="checkbox"/> Chest                     | <input type="checkbox"/> Skull            | <input type="checkbox"/> A-C joints | L / R                            | <input type="checkbox"/> Hip       | L / R                              |       |
| <input type="checkbox"/> Sternum                   | <input type="checkbox"/> Sinuses          | <input type="checkbox"/> Shoulder   | L / R                            | <input type="checkbox"/> Femur     | L / R                              |       |
| <input type="checkbox"/> Abdomen                   | <input type="checkbox"/> Soft tissue neck | <input type="checkbox"/> Humerus    | L / R                            | <input type="checkbox"/> Knee      | L / R                              |       |
| <input type="checkbox"/> Pelvis                    | <input type="checkbox"/> Facial bones     | <input type="checkbox"/> Elbow      | L / R                            | <input type="checkbox"/> Lower leg | L / R                              |       |
| <input type="checkbox"/> Sacroiliac joints         | <input type="checkbox"/> Nasal bones      | <input type="checkbox"/> Forearm    | L / R                            | <input type="checkbox"/> Ankle     | L / R                              |       |
| <input type="checkbox"/> Cervical spine            | <b>Circle side:</b>                       | <input type="checkbox"/> Wrist      | L / R                            | <input type="checkbox"/> Foot      | L / R                              |       |
| <input type="checkbox"/> Thoracic spine            | <input type="checkbox"/> Ribs             | L / R                               | <input type="checkbox"/> Hand    | L / R                              | <input type="checkbox"/> Calcaneus | L / R |
| <input type="checkbox"/> Lumbar spine              | <input type="checkbox"/> Clavicle         | L / R                               | <input type="checkbox"/> Fingers | L / R                              | <input type="checkbox"/> Toes      | L / R |
| <input type="checkbox"/> w/flexion-extension views | <input type="checkbox"/> Other            | _____                               |                                  |                                    |                                    |       |

Clinical diagnosis (with ICD-9 codes, if possible) \_\_\_\_\_

Prior imaging studies of area of interest \_\_\_\_\_

Obtained at (facility and date) \_\_\_\_\_



### Appointment

Day / Date: Su M Tu W Th F Sa \_\_\_\_ / \_\_\_\_ Time: \_\_\_\_\_ AM / PM

### Directions

From Interstate 87, take Exit 9 – Route 146 West. Turn right onto Plank Road. Clifton Park Advanced Imaging is located at 648 Plank Road, Entrance B.

Go to our Web site, [www.cliftonparkimaging.com](http://www.cliftonparkimaging.com), for downloadable large print directions. Browse our site for other helpful information.