FLEXIBLE MEDICAL IMAGING, LLC
2181 US HWY 2, STE 5486
KALISPELL, MONTANA
59901

Ph: (406) 604-0408
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Today's Date:

Patient's Name:	**DOB:** **Sex:** ☐M ☐F ☐O
Is the patient Ambulatory? ☐Yes ☐No	Is the patient pregnant? ☐Yes ☐No ☐N/A

Insurance Infomation	**Patient's History/Symptoms:**
Primary Insurance Provider:	
Membership #:	
Group #:	Mailing Address:
*** Please also include a copy of front and back of cards***	
Secondary Insurance Provider	
Membership #:	
Group #:	Phone Number:
	AND/OR
Ordering Physician	**POA** Name:
Cc Physician:	**POA** Phone number:
Special Requests:	**POA** Address:

Chest		**Sacrum/Coccyx**
☐PA(AP) ☐PA(AP)/Lat	**Forearm**	**Hip**
Ribs	☐Rt ☐Lt	☐Rt ☐Lt ☐Bilat
☐Rt ☐Lt ☐Bilat	**Wrist**	**Femur**
Abdomen	☐Rt ☐Lt	☐Rt ☐Lt
☐KUB ☐Upright ☐Both	**Hand**	**Knee**
Head	☐Rt ☐Lt	☐Rt ☐Lt
Skull ☐Sinuses ☐Orbits	**Finger**	☐+Sunrise
Facial Bones	☐Rt ☐Lt Digit #:__	**Tib/Fib**
☐Nasal Bones ☐Mandible	**Cervical Spine**	☐Rt ☐Lt
Clavicle	☐AP/Lat/APOM ☐+Obls ☐+Flex/Ex	**Ankle**
☐Rt ☐Lt	**Thoracic Spine**	☐Rt ☐Lt
A/C Joints	☐AP/Lat ☐+Obls	**Foot**
Shoulder	**Lumbar Spine**	☐Rt ☐Lt
☐Rt ☐Lt	☐AP/Lat/spot ☐+Obls ☐+Flex/Ex	**Calcaneous**
Humerus	**Scoliosis Series**	☐Rt ☐Lt
☐Rt ☐Lt	**SI Joints**	**Toe**
Elbow	☐Rt ☐Lt ☐Bilat	☐Rt ☐Lt Digit #:__
☐Rt ☐Lt	**Pelvis**	**Other:**

Physician Signature:	**Nurse Signature:**

* Due to advanced age and/or physical limitations this patient would find it physically or mentally taxing to be transported to a different location for imaging. This study is medically necessary for diagnosis and treatment.