Phone: E-MAIL: Reports on digital images are always password-protected and em	Requesting Dr:	TODAY'S DATE:
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RADIOLOGIC CONSULTATION REQUEST Susan L. Vlasuk, DC • Diplomate, American Chiropractic Board of Radiology 914 164 th St SE Ste B12-535 Mill Creek, WA 98012 • Phone: (425) 451-1199 [fax 425-454-3953] In sending films for consultation, you agree to be responsible for payment and to seek reimbursement from your patient; however, we will look first to L&I or PIP benefits, if available. INCLUDE L&I OR PIP BILLING INFORMATION BELOW OR ON ATTACHED PAGE Patient Age Sex Occup Study/views submitted (date of study and views on which you want a report) Complaint(s) Pain (character and amount; what region?) Other significant symptom? Duration of symptom(s) Onset: sudden gradistory Any trauma? DOI? Any surgery (anywhere in FOV, not just spine)? Anything else particularly noteworthy in the history or physical exam that might be applicable to radiologic interpretation? • known pathology or systemic disease? • neurological signs? • visible deformity? • is patient taking any medications?		
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PARTICULAR QUESTION(S) ON THESE FILMS: