



Chiropractic X-ray Alliance

Welcome to Roman Family Chiropractic! We are committed to providing you with the highest quality of digital x-rays in a fast and friendly manner. You have been referred by your chiropractor to our office to have a better understanding of how degenerative changes may be affecting your spine.

What you can expect:

- High Quality Digital X-rays with minimal radiation exposure
- Fast and friendly service, with highly educated staff to assist you
- CD before you leave with all of your images so that your chiropractor may discuss the findings
- A detailed report from Margaret Seron, DC, DACBR (Diplomate, American Chiropractic Board of Radiology) **\$25 fee for report**
- Print out necessary for insurance submittal

What we can expect:

- **Payment due at time of service \$50 per view, \$25 for report and \$5 per additional CD.**
- **Payment is expected before x-rays are taken, paid by cash or credit or debit card ONLY.**
- **Card and cardholder must be present.**
- Current information and referring Doctor

Patient Information

Name: _____

Address: _____

Phone: H _____ C _____ W _____

E-mail: _____

Date of Birth: _____ Age: _____ Sex: _____

** Must be 18 or accompanied by an adult

If female, are you pregnant or any chance of being pregnant? Yes No

Patient Signature or Guardian Signature

Date

Doctor Please Complete

Does this patient have any conditions of the spine or recent accident that we should be aware of? (Scoliosis, fusion, disc or bone degeneration, congenital defects, tumors, or history of cancer) Please list.

Cervical

- Standard (AP, Lat., Open Mouth) \$50
- Flexion/Extension \$25
- Obliques \$25

Thoracic

- Standard (AP, Lat) \$50
- Swimmers \$25

X-RAY REPORT \$25

Lumbar

- Standard (AP, Lat) \$50
- L5/S1 spot shot \$25
- Flexion/Extension \$25
- Obliques \$25

Extremity \$50

Please specify area and views

Any Special Requests _____

Doctor Signature _____ Date _____

Name of office/referring Doctor _____