



X-RAY

Patient Name:		DOB:
Home Phone Number:	Work Phone:	Alternate Number:
Referring Physician:		Office Phone:
Physician's Address:		Fax#:
Clinical History:		
Is the patient pregnant? YES NO		
Physician Signature:		Date:

X-RAY

CHEST

- Chest PA &LAT
- Chest PA Only
- Chest Oblique
- Apical Lordotic
- Decubitus

ABDOMEN

- Abdomen (Flat Plate)
- Flat & Upright
- KUB

- Bone Age
- Bone Survey

OTHER: _____

NEURO & ENT

- Skull
- Orbit
- Paranasal Sinus
- Mandible
- TMJ's
- Nasal Bones
- Soft Tissue Neck

SPINE

- Cervical
- Thoracic
- Lumbar
- Sacrum
- Coccyx
- Scoliosis

BONES

- | | | |
|-----------------------------------|----------------------------|----------------------------|
| <input type="checkbox"/> Hip | <input type="checkbox"/> R | <input type="checkbox"/> L |
| <input type="checkbox"/> Femur | <input type="checkbox"/> R | <input type="checkbox"/> L |
| <input type="checkbox"/> Knee | <input type="checkbox"/> R | <input type="checkbox"/> L |
| <input type="checkbox"/> Tib/Fib | <input type="checkbox"/> R | <input type="checkbox"/> L |
| <input type="checkbox"/> Ankle | <input type="checkbox"/> R | <input type="checkbox"/> L |
| <input type="checkbox"/> Foot | <input type="checkbox"/> R | <input type="checkbox"/> L |
| <input type="checkbox"/> Shoulder | <input type="checkbox"/> R | <input type="checkbox"/> L |
| <input type="checkbox"/> Clavicle | <input type="checkbox"/> R | <input type="checkbox"/> L |
| <input type="checkbox"/> Scapula | <input type="checkbox"/> R | <input type="checkbox"/> L |
| <input type="checkbox"/> Humerus | <input type="checkbox"/> R | <input type="checkbox"/> L |
| <input type="checkbox"/> Elbow | <input type="checkbox"/> R | <input type="checkbox"/> L |
| <input type="checkbox"/> Forearm | <input type="checkbox"/> R | <input type="checkbox"/> L |
| <input type="checkbox"/> Wrist | <input type="checkbox"/> R | <input type="checkbox"/> L |
| <input type="checkbox"/> Hand | <input type="checkbox"/> R | <input type="checkbox"/> L |
| <input type="checkbox"/> Ribs | <input type="checkbox"/> R | <input type="checkbox"/> L |
| <input type="checkbox"/> Sternum | | |

No Appointment Necessary. Walk-In Hours:
Monday, Tuesday and Thursday 8am – 6pm / Wednesday and Friday 8am – 5pm
Please have your insurance card available. **Please Note:** Co payments are collected at time of visit.

Morningside Pavilion is located at 1090 Amsterdam Avenue-across the street from St. Luke's Hospital between 113th and 114th Streets on the 3rd Floor in New York NY 10025

Subway: #1 train to 116 Street- Columbia University **Bus Route:** M11 across Amsterdam Avenue