ROMAN FAMILY CHIROPRACTIC

Healthy by Choice not by Chance

Chiropractic X-Ray Alliance

Patient Information:

Name:____ Date of birth:___________

Address:____

City:___________ State:____ Zip:_______

Phone #:____________________

If Female, are you pregnant or any chance of being pregnant? **(Please circle)** NO / YES

____ ___________

Patient Signature Date

Clinical Information: (To be completed by Chiropractic Professional, **please check box**)

Cervical	Thoracic	Lumbar	Extremity
☐ Standard (AP, Lat & Open Mouth) $75 ☐ Flexion/Extension $35	☐ Standard (AP, Lat) $75	☐ Standard (AP, Lat) $75 ☐ Flexion/Extension $35 ☐ L5/S1 spot shot $35	☐ Please specify area and view $75 ____________ ____________ ____________ ____________
X-Ray Report **Required for all studies* A detailed radiology report from Margaret Seron, DC, DABCO, DACBR $50 - Includes 1 CD ☐ Extra CD $5			

Additional Requests & Instructions: *Health history of any trauma, injuries and/or surgeries:*

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____ ___________

Doctor Signature Date

Roman Family Chiropractic

P: (970) 243-8896

F: (970) 245-1511

2584 Patterson Rd, Suite D

Grand Junction, CO 81505

(Please call to schedule your X-Ray appointment)