



Motion Imaging
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 Anchorage, AK 99515
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Diagnostic Fluoroscopic Imaging Procedure (DMX)

Date: _____ Referring Physician: _____
 Phone: _____ Fax: _____ Email: _____
 Patient: _____ Phone#: _____ DOB: _____
 Address: _____ City: _____ State: _____ Zip: _____
 DOA: _____ Insurance: _____ Claim #: _____
 Attorney: _____ Phone: _____ Fax: _____
 Email: _____ Address: _____

Region(s) Requested (Check)

- CERVICAL SPINE TMJ SHOULDER (RT/LT) ELBOW (RT/LT) WRIST (RT/LT)
 LUMBAR SPINE HIP (RT/LT) KNEE (RT/LT) ANKLE (RT/LT) OTHER: _____

Symptoms and Findings (Check Any That Apply)

- Primary Classic Symptoms:** Headaches Posterior Neck Pain Referred Upper Back Pain
 Referred Shoulder Pain Increased Pain w/ Movement Scleratomal Pain
 Popping or Clicking Sound w/ Movement Other: _____

- Secondary Classic Symptoms:** Dizziness Blurred Vision Difficulty Swallowing Muscle Spasms

Classic X-ray Findings:

- Translation or Angulation of One or More Vertebra Subluxation Reversed or Straightened Curvature

Medical Rationale(s) for Diagnostic Fluoroscopic Imaging Procedure (DMX)

- Confirm injury diagnoses and/or severity with respect to the below conditions which could modify my present Or future treatment plan for optimizing the benefits of care:
 Rule out Ligamentous injury and resulting instability in the upper third of the cervical spine (an area held together primarily by ligaments and containing no discs) **(Primary Ligament(s) Involved: Alar, Accessory, Transverse)**
 Rule out Ligamentous injury and resulting instability associated with the facet joints located in the lower two-thirds of the cervical spine. **(Primary Ligament(s) Involved: Capsular)**
 Rule out Ligamentous injury and resulting instability in the entire cervical spine **(Primary Ligament(s) involved: Anterior Longitudinal, Posterior Longitudinal, Interspinous)**
 Rule out undiagnosed fracture and/or any additional variants given the nature of the accident.
 Other: _____

DX Code (ICD10) _____, _____, _____, _____, _____,

***Physician's Signature:** _____

Additional Notes: _____