

**Cedar Hill Sports Therapy – A BetterBack Clinic****Digital X-Ray Services**

#204-1662 McKenzie Ave, Victoria, BC V8N 0A4

Phone: (250) 744-2882 Fax: (250) 744-2883

www.BetterBack.ca

Please fill out this form and then fax (250-744-2883) or email (behealthy@betterback.ca) prior to appointment

| Patient Information: | Appointment: |
|--|--|
| Name: | <input type="checkbox"/> Patient will call to book appointment. |
| Date of Birth: / / (yyyy/mm/dd) | To schedule an appointment, please call (250) 744-2882 |
| Phone number: () - | Date: _____ |
| Gender: Male <input type="checkbox"/> or Female <input type="checkbox"/> | Time: _____ |

Spinal X-Ray**Cervical:**

AP open mouth
 AP lower cervical
 AP cervical dorsal (7x17")
 Lateral cervical neutral
 Flexion Extension
 Obliques (right/left)

Other views requested: _____

Thoracic:

AP thoracic
 Lateral thoracic

Lumbar/Sacrum:

AP lumbar-pelvis
 Lateral lumbar-sacral
 Obliques (right/left)
 PA L5/S1 spot view

Doctor's Information:

| | |
|--|---|
| Referrer: _____ Name _____ _____ Signature _____ | / / (yyyy/mm/dd) Phone #: () - |
| <input type="checkbox"/> Email DICOMS <input type="checkbox"/> Send CD with patient <input type="checkbox"/> Full Spinal Stitching | <input type="checkbox"/> Email high resolution JPEG <input type="checkbox"/> Send CD Via Courier <input type="checkbox"/> Annotations |