



## Order for Imaging

Today's <b>DATE</b> (date of order)	XX/XX/XXXX
Patient's <b>NAME</b> (address, phone, email)	Jane Smith 111 Main Street, City, State, Zip Phone Email
Patient's <b>DATE OF BIRTH</b>	XX/XX/XXXX
Patient's associated diagnoses ( <b>ICD-10</b> )	Hypermobility syndrome (M35.7) Cervicogenic headache (G44.86) Cervicalgia (M54.2)
<b>Exam being requested</b>	Cervical MRI with images in flexion, extension and neutral (CPT: 72141)
<b>Reason for the exam</b>	Suspicion of instability in cervical spine. Neurological symptoms provoked with movement of the head/neck.
<b>Instructions for radiology</b>	See "EDS protocol" w/suspicion of CCI
<b>Priority</b>	Routine
Referring <b>PROVIDER</b>	Wendy Wagner, PT, MPT Wendy4Therapy 3340 Empress Dr, Naperville, IL 60564
Provider <b>LICENSE</b>	070-011118
Provider <b>NPI</b>	1093025371
<b>Please FAX report to:</b>	<b>FAX: 630-428-3022</b>

NOTE: A referral is not a guarantee of benefit. Please call your insurance company to verify coverage.

### Instructions for the patient:

Please call the following facilities to schedule your imaging:

Upright MRI of Deerfield, IL      847-291-9321  
Vertical Plus of Hazel Crest, IL      773-321-8650