



## Prescription for Radiographic Studies

Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

### Body Part:

- Lumbar spine
- Sacrum/Pelvis (to include L4-5 dis to coccyx)

### MRI to include:

- Without Contrast
- T2 – sagittal
- T2 – coronal (in plane with sacrum)
- T1 and T2 true axials (perpendicular with sacrum)
- STIR images – sagittal and coronal disease

### Rule out:

- Tarlov &/or Facet cyst
- Annular tear
- Spinal stenosis
- Herniated disc
- Degenerative disc

### Important Message to Facility:

Please **provide the patient with a CD** of the imaging studies and fax the imaging report to our office: (619) 265-7696.

### Important Message to Patient:

Please do not leave the imaging facility without a **hard copy of the CD** of your imaging studies. If the facility will not give you a CD or says that they will send it please notify our office immediately as they only send the report which is not enough.

Ordering MD: \_\_\_\_\_

Date: \_\_\_\_\_