



4705 S. Clyde Morris Blvd.  
 Port Orange, FL 32129  
 Radiologist (386) 763-2615  
 Fax (386) 763-2692  
 Billing (386) 763-2638

**Imaging Consultation Services – please fill all sections.**

Patient Name: \_\_\_\_\_ Pt. DOB: \_\_\_\_\_ Sex: M / F

Referring Doctor: \_\_\_\_\_ Referring Doc Email: \_\_\_\_\_ NPI: \_\_\_\_\_

Chief Complaint, Area of Concern, Diagnosis: \_\_\_\_\_

Previous Diagnosis, Surgery, Trauma, Cancer (include old diagnostic imaging reports): \_\_\_\_\_

Date of Examination: \_\_\_\_\_ Verbal Report ( ) \_\_\_\_\_ FAX Report ( ) \_\_\_\_\_

Bill Doctor (CC on File)

Bill Doctor (No CC on file/ Change CC on file).

Doctor Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Card Number: \_\_\_\_\_ Card Type: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

\* You may call 386-763-2638 to register credit card information.

\* Your credit card statement will show charges from Palmer College Clinic for this service.

If sending digitally:  AMBRA Gateway  AMBRA Link Share

**Patient Consent:**

I understand that this office will have my radiographs interpreted by Matthew Richardson, D.C., DACBR, a chiropractic radiologist certified by the American Chiropractic Board of Radiology. I am aware that I will be responsible for any fees associated with this service not paid by my referring doctor.

Patient/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PALMER IMAGING CONSULTATION SERVICES											
√	CPT	DESCRIPTION	FEE	√	CPT	DESCRIPTION	FEE	√	CPT	DESCRIPTION	FEE
	72040-26	Cervical 2-3v	\$20.00		73030-26	Shoulder 2v	\$20.00		71045-26	Chest 1v	\$20.00
	72050-26	Cervical 4-5v	\$24.00		73080-26	Elbow 2-4v	\$20.00		71046-26	Chest 2v	\$20.00
	72052-26	Cervical 6v	\$24.00		73110-26	Wrist 3v	\$20.00				
	72070-26	Thoracic 2v	\$20.00		73120-26	Hand 3v	\$20.00		76140-26	MRI Overread	\$56.00
	72100-26	Lumbar 2v	\$20.00		73502-26	Hip Uni 2v	\$20.00		72125-26	Cervical CT/CBCT	\$56.00
	72110-26	Lumbar 4-5v	\$24.00		73562-26	Knee 2v	\$20.00				
	71100-26	Ribs 2v	\$20.00		73610-26	Ankle 3v	\$20.00				
	71101-26	Ribs 3v (w/chest)	\$20.00		73630-26	Foot 3v	\$20.00				
<b>Total Due: \$</b>											

Diagnosis codes: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_  
 5. \_\_\_\_\_ 6. \_\_\_\_\_ 7. \_\_\_\_\_ 8. \_\_\_\_\_

Referring Provider: \_\_\_\_\_ Date: \_\_\_\_\_