

X-RAY ORDER FORM

Patient Name: _____ D.O.B.: _____

Appointment Date: _____ Time: _____ am pm

Appointment Location: _____

Body part to be x-rayed: _____

Views to be taken: _____

Symptoms/Diagnosis: _____

Physician's Signature: _____

Physician's name (printed): _____

Physician's NPI # _____

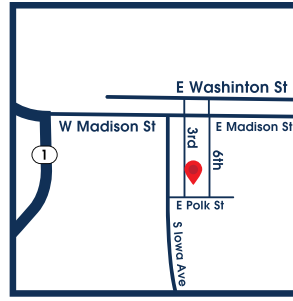
Films to be sent back with patient for ordering physician ? Yes No

All images will be read by Corridor Radiology



Iowa City

2751 Northgate Dr
Iowa City, IA 52245



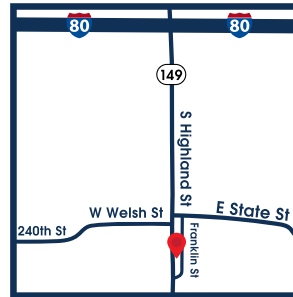
Washington

400 East Polk Street
Washington, IA 52353



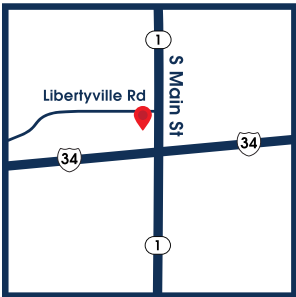
Burlington

2750 Mt. Pleasant Street, Suite 112
Burlington, IA 52601



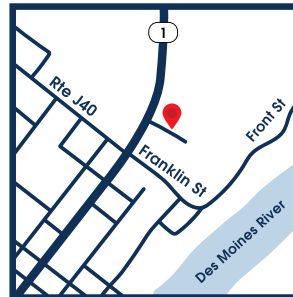
Williamsburg

819 S Highland St
Williamsburg, IA 52361



Fairfield

2000 South Main Street
Fairfield, IA 52556



Keosauqua

304 Franklin Street
Keosauqua, IA 52565



Muscatine

2104 Cedarwood Drive, Suite 102
Muscatine, IA 52761