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## PHYSICIAN ORDER FORM

### PATIENT INFORMATION

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

Patient Address: \_\_\_\_\_

Patient Phone: \_\_\_\_\_

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

Gender: \_\_\_\_\_

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

### PHYSICIAN INFORMATION

Referring Physician: \_\_\_\_\_

Referring Clinic: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Fax: \_\_\_\_\_

#### Full Body

**\$2500**

What we scan:

✓ Head

✓ Neck

✓ Spine

✓ Abdomen

✓ Pelvis

✗ Lungs

#### Full Body Plus

**\$3000**

What we scan:

✓ Head

✓ Neck

✓ Spine

✓ Abdomen

✓ Pelvis

✓ Lungs

#### Full Body Flash

**\$2000**

What we scan:

✓ Head

✓ Neck

✓ Pelvis

✓ Abdomen

✗ Spine

✗ Lungs

### PHYSICIAN'S NOTES *Applicable Patient History Description*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Specify exam if not listed: \_\_\_\_\_

Additional Notes: \_\_\_\_\_

Physician Signature: \_\_\_\_\_

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