



Welcome to Brady Chiropractic Group! We are committed to providing you with the highest quality of digital x-rays in a fast and friendly manner. You have been referred by your Doctor/ Chiropractor to our office to have a better understanding of your spine.

What Can You Expect:

- High quality Digital X-Rays.
- Fast and friendly service, with an educated staff to assist you.
- CD before you leave with all of your images so that your Doctor/ Chiropractor may discuss the findings with you.

What We Can Expect:

- **Payment due at time of service, we accept cash, credit, debit and personal checks.**
- **Current information and referring doctor.**

Patient Information

Name: _____
Address: _____
Phone: H _____ C _____ W _____
E-Mail: _____
Date of Birth: _____ Age: _____ Sex: _____
**Must be 18 or accompanied by an adult
If female, are you pregnant or chance of being pregnant? Yes No

Patient Signature or Guardian Signature Date

Doctor Please Complete

Does this patient have any conditions of the spine or recent accident that we should be aware of?
(Scoliosis, fusion, disc or bone degeneration, congenital defects, tumors, or history of cancer) Please list.

- | | |
|--|---|
| Cervical | Lumbar |
| <input type="checkbox"/> Standard (Ap, Lat., Open Mouth) \$75.00 | <input type="checkbox"/> Standard (AP, Lat) \$75.00 |
| <input type="checkbox"/> Flexion/ Extension \$25.00 | <input type="checkbox"/> L5/S1 spot shot (included with Standard) |
| <input type="checkbox"/> Obliques \$25.00 | <input type="checkbox"/> Obliques \$25.00 |

- | | |
|---|-------------------|
| Thoracic | Extremity \$75.00 |
| <input type="checkbox"/> Standard (AP, Lat) \$75.00 | |
- Please specify area and view

Radiology report by Dr. Margaret Seron, DC DACBR
 \$39.00 _____

Any Special Requests _____

Doctor Signature _____ Date _____

Name of office/referring Doctor _____