

### Digital Motion Fluoroscopic X-ray Prescription

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

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

Referring Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Working Diagnosis: ICD \_\_\_\_\_ Description: \_\_\_\_\_

#### **Digital Motion Fluoroscopic X-ray Study**

- Complete Cervical Spine** (Alar, Accessory, Transverse, PLL, ALL, and Capsular(facet) ligaments)  
(APOM lateral bending, Lateral Nodding, Flexion, Extension, Oblique, Rotation, Lateral Bending)
- Limited Cervical Spine** (Alar, Accessory, Transverse, PLL, ALL ligaments)  
(APOM lateral bending, Lateral Nodding, Flexion, Extension)
- Upper Cervical Spine** (Alar, Accessory, Transverse ligaments)  
(APOM lateral bending, Lateral Nodding)
- Lumbar Spine** (best if patient is slender and less than 140 lbs.) -- Call us to discuss.
- Left / Right **Shoulder**     Left / Right **Elbow**     Left / Right **Wrist**
- Left / Right **Hip**     Left / Right **Knee**     Left / Right **Ankle**

#### **Medical Necessity** (Check all that apply)

##### **General:**

- Evaluate ligamentous instability.**
- Evaluate increased / decreased motion.
- Confirm joint fixation
- Confirm / Rule out fracture / dislocation.
- Confirm / Rule out degenerative changes.
- Evaluation of implant or fusion.
- Other: \_\_\_\_\_

##### **Complaints:**

- Pain with increased motion.**
- Headaches, dizziness or blurred vision.
- Posterior neck pain.
- Confirm referred pain syndrome from capsular ligamentous injury. (Scleratomal pain)
- Excessive joint motion.
- Restricted joint motion.

**Physician's Signature:** \_\_\_\_\_