



**For Authorization & Billing purposes use:**  
**Coeur d'Alene Spine and Brain**  
**Tax ID# 57-1155831**

3320 N. Grand Mill Lane  
 Coeur d'Alene, ID 83814  
 Phone: (208) 765-1770  
 Fax: (208) 292-3177

**Please print the following information:**

Patient name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ SS#: \_\_\_\_\_  
 Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
 Address: \_\_\_\_\_

**Insurance information:**

Primary insurance: \_\_\_\_\_ Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_  
 Secondary insurance: \_\_\_\_\_ Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

**X-Ray requested:**

- Shoulder R / L
- Elbow R / L
- Forearm R / L
- Wrist R / L
- Hand R / L
- Pelvis
- SI Joint Bilateral / R / L
- Hip Bilateral / R / L
- Femur R / L
- Knee R / L / Weight bearing
- Tibia & Fibula R / L
- Ankle R / L
- Foot R / L
- Spine
  - Cervical AP/Lateral Flex/Ex 5 View
  - Thoracic AP/Lateral Flex/Ex
  - Lumbar AP/Lateral Flex/Ex 5 View

- Eyes R / L
- Chest PA & LAT
- Ribs
- Abdomen
  - KUB (lv.)
  - Flat & Upright (2v.)
  - Acute Abd. Series (3v.)
- Other: \_\_\_\_\_

**Please specify ICD-9 & Signs & Systems:** (Do not use Rule Out, Probable, Possible, Suspected or Routine):

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

Order date: \_\_\_\_\_

Physician's signature: X