ANU-BEST®
Whiplash Injury Center, Inc.
4159 Corporate Court Palm Harbor, FL 34683
Phone: 727-736-0000 Fax: 727-736-5170

Diagnostic Fluoroscopic Imaging Procedure (DMX)

Rx

Date:_____ **Referring Physician**: _____

Phone: _____ Fax:_____Email:_____

Patient:_____ Phone#: _____ DOB: _____

Address:_____ City:_____State:_____ Zip:_____

DOA:_____ **Insurance**: _____Claim #: _____

Attorney:_____Phone: _____ Fax:_____

Email:_____ Address: _____

Region(s) Requested (Check)

☐ CERVICAL SPINE ☐ TMJ ☐ SHOULDER (RT/LT) ☐ ELBOW (RT/LT) ☐ WRIST (RT/LT)

☐ LUMBAR SPINE ☐ HIP (RT/LT) ☐ KNEE (RT/LT) ☐ ANKLE (RT/LT) ☐ OTHER:_____

Symptoms and Findings (Check Any That Apply)

Primary Classic Symptoms: ☐ Headaches ☐ Posterior Neck Pain ☐ Referred Upper Back Pain
☐ Referred Shoulder Pain ☐ Increased Pain w/ Movement ☐ Scleratomal Pain
☐ Popping or Clicking Sound w/ Movement ☐ Other:_____

Secondary Classic Symptoms: ☐Dizziness ☐Blurred Vision ☐Difficulty Swallowing ☐ Muscle Spasms

Classic X-ray Findings:
☐ Translation or Angulation of One or More Vertebra ☐ Subluxation Reversed or Straightened Curvature

Medical Rationale(s) for Diagnostic Fluoroscopic Imaging Procedure (DMX)

☐ Confirm injury diagnoses and/or severity with respect to the below conditions which could modify my present Or future treatment plan for optimizing the benefits of care:

- ☐ Rule out Ligamentous injury and resulting instability in the upper third of the cervical spine (an area held together primarily by ligaments and containing no discs) **(Primary Ligament(s) Involved: Alar, Accessory, Transverse)**
- ☐ Rule out Ligamentous injury and resulting instability associated with the facet joints located in the lower two-thirds of the cervical spine. **(Primary Ligament(s) Involved: Capsular)**
- ☐ Rule out Ligamentous injury and resulting instability in the entire cervical spine **(Primary Ligament(s) involved: Anterior Longitudinal, Posterior Longitudinal, Interspinous)**

☐ Rule out undiagnosed fracture and/or any additional variants given the nature of the accident.
☐ Other:_____

DX Code (ICD10) _____ , _____ , _____ , _____ , _____ ,

Physician's Signature:_____

Additional Notes:_____
_____