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♦ Dallas

♦ Garland

♦ Arlington

♦ Fort Worth

♦ Duncanville

♦ North Dallas

♦ Pleasant Grove

One More Step Imaging

7 LOCATIONS & OPEN 7 DAYS A WEEK

From: 8:30am - 6 pm

***** SAME DAY APPOINTMENTS/ NO WALK INS *****

OMS REFERRAL FORM

Patient Information

Patient Name: _____ DOB: _____

Phone: _____ Address: _____

City: _____ State: _____ Zip code: _____

Gender: ☐ Male ☐ Female

Provider Information

Provider & Office Name: _____

Office Address: _____ City: _____

State: _____ Zip Code: _____ Office Phone: _____

Office Fax: _____ Office Email: _____

X-RAYS

Please Select Body Parts Below:

Spine / Torso

☐ Cervical Spine ☐ 3-Views ☐ 5-Views

☐ Thoracic Spine

☐ Lumbar Spine

☐ Chest

☐ Ribs

☐ Pelvis

☐ ABD/KUB

☐ Other: (List below)

Upper Extremities

☐ Shoulder ☐ -RT ☐ -LT

☐ Elbow ☐ -RT ☐ -LT

☐ Wrist ☐ -RT ☐ -LT

☐ Hand ☐ -RT ☐ -LT

Lower Extremities

☐ Hip ☐ -RT ☐ -LT

☐ Knee ☐ -RT ☐ -LT

☐ Ankle ☐ -RT ☐ -LT

☐ Foot ☐ -RT ☐ -LT

Chief Complaint(s): _____ ICD-10 Codes: _____

Reason for Imaging: _____

Print Provider Name _____

Provider Signature: _____ Date: _____

MAKE SURE TO EMAIL FORM TO OMS FIRST / DO NOT GIVE THIS FORM TO THE PATIENT