

<p>X-Ray</p>	<p>Abdomen One View (KUB) Abdomen Two/Three Views Chest Two Views (PA/Lateral) C Spine Two Views (AP, Lateral, Odontoid) C Spine Five Views <input type="radio"/> Obliques <input type="radio"/> Flex/Ext Extremity/Joint - specify: <input type="radio"/> Right <input type="radio"/> Left <input type="radio"/> Both Hip <input type="radio"/> Right <input type="radio"/> Left <input type="radio"/> Both Lumbar Spine Two/Three Views (AP, Lateral, Spot) Lumbar Spine Five Views <input checked="" type="radio"/> Obliques <input checked="" type="radio"/> Flex/Ext Metastatic Bone Survey Nasal bones (2/3 Views) Orbits <input type="radio"/> MRI Screening Pelvis Sacrum/Coccyx Scoliosis (Scoli) Skull (2/3 Views) Thoracic Spine Three Views (AP, Lateral, Swimmers) Other (specify)</p>	<p>NOTE: Scoliosis studies and Metastatic Bone Surveys must be scheduled in advance. All other X-Rays are walk-in.</p>
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<p>PATIENT LABEL</p>
