



Sacramento Office
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Sacramento, CA 95814
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Fax (916) 492.9304

X-RAY ORDER FORM

Firm Name:
Contact Person:
Phone:
Fax:
Date / Time Needed:

File/ Reference #:
Case Name:
Address:

SUBJECT / PATIENT INFORMATION

Name of Subject / Patient:
Subject's Social Security Number:
Subject's Date of Birth:

X-RAY / MEDICAL FILM DUPLICATION SERVICES

Standard In-House X-Ray Duplication (24 HOUR TURN-AROUND - FREE LOCAL PICK-UP & DELIVERY)

Number of Originals to be Duplicated:
Number of Duplicate Sets Needed:
Type of Films to be Duplicated: X-Ray M.R.I / CT Dental Other:
** If films need to be obtained at a third party's office - please enter info. Under "special instructions"

ON-SITE X-Ray Duplication (Mobile On-site Copying of Films)

Number of Originals to be Duplicated:
Number of Duplicate Sets Needed:
Facility where films are to be Copied:
Address:
Phone:
Contact Person:
Appointment Date and Time:

DIGITAL CONVERSION OF MEDICAL FILMS (Digital Scanning)

Number of Originals to be Digitized:
Type of Films to be Digitized: X-Ray M.R.I / CT Dental Other:

** Please mark each film with a Post-it Sticker indicating which images are to be Digitized

X-RAY ENLARGEMENTS & COURT EXHIBITS

Number of Digital Images to be enlarged / printed:
Desired size of Enlargement: 8x10" 16 x 20" 24 x 36" 36 x 48"
Mount enlargement on: 3/8" Foamboard 1/4" Gatorboard

*** RUSH SAME-DAY/ EXPEDITED SERVICE (ADDITIONAL CHARGES MAY APPLY)

Special Instructions:

Authorized Signature (required) Date:

Terms: Due upon receipt of invoice - Past due accounts may be subject to a \$15.00 service charge and / or 1.5 % monthly interest - in the event of default, collection fees and/ or attorneys fees will be assessed.