National University
Of Health Sciences

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of Health Sciences
200 E. Roosevelt Road
Lombard, IL 60148

Diagnostic Imaging
Phone: 630-889-6832
Fax: 630-889-6830

Billing
Phone: 630-889-6805

Diagnostic Imaging Transmittal Form

Send radiology consultation reports by:

- ❒ First-Class mail
- ❒ Overnight delivery (charged service)
- ❒ Doctor drop-off/pick-up

Also requesting:

- ❒ Fax report to clinic
- ❒ Immediate phone consultation

Professional questions call:
Dr. William C. Bogar at 630-889-6503
630-889-6832

Billing Information

Doctor's name: _____

Clinic name: _____

Billing address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Fax #: _____

Billing Information

Please complete reverse side.

Patient Information

Date of onset of signs/symptoms: _____

Is this condition related to: ❒ work? ❒ auto injury? ❒ other injury?

Present Symptoms

Signs/symptoms: _____

Pertinent clinical findings: _____

_____

Diagnosis or impression: _____

_____

If trauma, type and dates: _____

Health History (Please answer 'yes' or 'no' to each of the following and include type and dates)

Trauma? _____ Surgery? _____ Malignancy? _____

If yes, please provide date(s) and describe: _____

_____

Areas of Special Concern

_____

_____

_____

Views Submitted

- ❒ Ankle, 3 Views
- ❒ Cervical, 3, 5 or 7 Views
- ❒ Chest, 2 Views
- ❒ Comparison View
- ❒ CT or MRI
- ❒ Elbow, 4 Views
- ❒ Foot, 3 Views
- ❒ Full Spine, 7 or 8 Views
- ❒ Hand, 3 Views
- ❒ Hip, 2 or 3 Views
- ❒ Knee, 4 Views
- ❒ Lumbar, 2, 3 or 5 Views
- ❒ Shoulder, 3 Views
- ❒ Thoracic, 2 or 3 Views
- ❒ Wrist, 4 Views
- ❒ Other _____