

- DMX of Wisconsin
 Patient will call to schedule
 Call patient to schedule



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Digital Motion X-Ray (DMX) Referral

Date:	Referring Physician:	
Phone:	Fax:	Email:
Patient:	Patient Phone:	DOB:
Address:	City:	State/Zip:
DOA:	Insurance:	Claim #:
Attorney:	Attorney Phone:	

Region(s) Requested (Check)

- CERVICAL SPINE TMJ
 SHOULDER (RL/LT) ELBOW (RL/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:

- Referred shoulder pain movement
- Headache
- Posterior neck pain
- Referred upper back pain
- Increase pain with movement
- Popping with clicking sound
- Scleratomal pain
- Other:

Secondary Classic Symptoms

- Dizziness
- Blurred vision
- Difficulty swallowing
- Muscle spasms

Medical Rationale(s) for Requesting Digital Motion X-Ray Based on the Above

- Confirm injury diagnosis 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 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 in the nature of the accident.
- Other: _____

Additional Notes:

DX code (ICD10): _____

Physician's signature _____

Date _____