



169 Rawls Road  
Angier, NC 27501  
Phone (919) 331-2001 Fax (919) 331-2003

Date \_\_\_\_\_

Patient's Name \_\_\_\_\_

Patient's Date of Birth \_\_\_\_\_

Patient's Chief Complaint (Reason for being here today. Why did the doctor order this test and how long have you had symptoms?)

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Was this related to an injury on the job? Yes \_\_\_ No \_\_\_ If so, what date did the injury occur? \_\_\_\_\_

Was this related to a motor vehicle accident? Yes \_\_\_ No \_\_\_ If so, what date did the accident occur? \_\_\_\_\_

Do you have any additional information that may assist the radiologist in interpreting your x-rays?

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