TRANSACTION REPORT

APR/19/2023/WED 08:56 AM

FAX(TX)

#	DATE	START T.	RECEIVER	COM.TIME	PAGE	TYPE/NOTE	FILE
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TAX ID #20-5633472

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MRI | WIDE BORE MRI* CT SCAN | ULTRASOUND | X-RAY

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- ☐ **WEST LITTLETON** P | 303-500-5252 F | 303-500-5272

SYNERGY HEALTH PARTNERS

- ☐ **AURORA** 14111 East Alameda Avenue, #200 Aurora, CO 80012 P | 720-410-5237
- ☐ **DENVER** 1262 South Sheridan Boulevard Denver, CO 80232 P | 303-927-7119
- ☐ **THORNTON** 8515 Pearl Street, #100 Thornton, CO 80229 P | 303-630-0400

PATIENT DEMOGRAPHICS

Patient Name Theodore "Jimmy" Angel DOB 09/15/1975

Primary Phone 720-461-0920 Height 5'7" Weight 215 lbs

■ Management Systems of Colorado ☐ Med Pay ☐ Self-Pay ☐ Health Insurance: _____

Auth # [if needed] _____ Insurance Carrier _____ Claim # _____

MVA/Premise Liability/Work Comp DOI 02/23/2023 Adjuster # 303-630-0400-Aime

✶ Please bill Management System

PROVIDER INFORMATION

■ **MRI** Thoracic Spine (Wide Bore)

Special Protocol Needs: ☐ 3T / TBI ☐ DTI ☐ SWI ☐ NeuroQuant – General Morphometry Report & Traumatic Brain Atrophy ☐ Cervical Flexion & Extension ☐ Obliques through Spinal Foramen

Contrast: ■ Without ☐ With & Without ☐ At Radiologist Discretion

☐ **X-Ray** _____

Special Protocol Needs: ☐ Flexion & Extension ☐ L5-S1 Spot ☐ Obliques ☐ Odontoid ☐ Weight Bearing

Location: ☐ Left ☐ Right ☐ Both (if applicable)

☐ **CT** _____

Special Protocol Needs: ☐ 3D reformat

Contrast: ☐ Without ☐ With & Without ☐ At Radiologist Discretion

☐ **US** _____

■ **ROUTINE** ☐ **STAT** ☐ **READ & CALL: #**_____ ☐ **HOLD & CALL: #**_____

✶ **Diagnosis/Reason for Exam** Strain/Sprain **ICD-10 (if known)** _____

Encounter Type: ■ Initial ☐ Follow-up Status: ■ Acute ☐ Chronic

Severity _____ Concurrent Conditions _____

Previous Exams Relating to Study Requested? ☐ Yes ■ No Location Where Study Done _____

Provider Name (required/please print) Bethany Wallace, DO **Scheduler** Aime

✶ **Provider Signature** See attached Rx **Date** 04/19/2023

APPOINTMENT INFORMATION

☐ Pre-Auth Assistance ■ Call Patient to Schedule an Appointment ☐ Appointment Notification

Appointment Date _____ Appointment Time _____

Fax To ☐ **Aurora 303-343-3036** ☐ **Denver 303-568-9331** ■ **Thornton 303-630-0405**

07/2020

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Injury Care Network, LLC

Provider WALLACE, D.O.
Patient ANGEL, THEODORE
DOB 09/15/1975 DOL 02/23/2023
DOS 04/07/2023

REFERRAL

☐ AURORA: 14111 E. Alameda Avenue | Suite 200 | Aurora, CO 80012 P: (303) 343-1357 | F: (303) 343-3036
☒ THORNTON: 8515 Pearl Street | Suite 100 | Thornton, CO 80229 P: (303) 630-0400 | F: (303) 630-0405
☐ DENVER: 1250 Sheridan Blvd. | Denver, CO 80232 P: (303) 927-7119 | F: (303) 568-9331

DIAGNOSES: **DISCHARGED** ☐

1. Concussion
2. C-P-C Strain
3. Bilat Shoulder Strains
4. Rt Leg Pain/HTN
5. Sciatica vs Radiculopathy
6. Herniated Lumbar - L5-S1 Lumbar Disc

RECORDS REQUESTED:

☐ St. Anthony's Central	☐ Good Samaritan Medical Center	☐ Denver Health
☐ University Hospital	☐ North Suburban Medical Center	☐ St. Anthony North
☐ Swedish Medical Center	☐ Littleton Adventist Hospital	☐ Kaiser Permanente
☐ Sky Ridge Medical Center	☐ Lutheran Medical Center	☐ St. Joseph's Hospital
☐ Medical Center of Aurora	☐ Rose Medical Center	☐ Porter Adventist Hospital
☐ Children's Hospital	☐ Specialist: _____	☐ PCP: _____
☐ Other: _____		

REFERRAL FOR ADDITIONAL SERVICES (IN OFFICE):

☒ Physical Therapy: Evaluate and Treat	☒ Chiropractic: Evaluate and Treat
☐ PT-Vestibular	☒ Massage Therapy
☒ Acupuncture: Evaluate and Treat	☐ Neuropsych Eval ☐ Cognitive Screening
☒ Psychology ☐ Driving Anxiety ☐ Biofeedback ☐ TBI	☐ Occulogica - EyeBox
☐ Neuro Optometrist	☐ Consult for Delayed Healing ☐ Assess for Trigger Point
☐ Podiatrist	☐ Regenerative Medicine - PRP ☐ Knee ☐ Shoulder
☐ BrainCheck 1 ☐ 2 ☐ 3 ☐	☐ DO/MD Medication Eval
☐ BrainCheck Anxiety/Depression 1 ☐ 2 ☐	☐ Other: _____
☐ BrainCheck Vision 1 ☐ 2 ☐	

RESTRICTIONS OR SPECIAL INSTRUCTIONS:

_____

_____

REFERRAL FOR ADDITIONAL SERVICES (OUTSIDE OFFICE):

☐ Spine Surgeon	☒ Injection Specialist After T Spine MRI
☐ Pain Specialist Consultation	☐ Dentist
☐ TMJ Specialist	☐ Hand Specialist
☐ General Surgeon	
☐ Podiatrist Surgeon	☐ Other: _____
☐ Orthopedic Consultation for: _____	
☐ Neurologist	

REFERRAL FOR DIAGNOSTIC STUDIES: New

☒ MRI/Type: T-Spine - open Gone ☐ C-Spine Flex/Ext ☐ 3T/TBI ☐ DTI ☐ SWI ☐ NeuroQuant ☐

☐ CT: _____

☐ Other: _____ (VNG, Ultrasound, Labs, Etc.)

☐ X-Rays: _____

Follow up in 4 weeks. Next appointment is scheduled for 05 / 05 / 23 at 8 : 00 (AM) / PM. Telehealth

WALLACE
(PROVIDER)

4-7-23
(DATE)