

TO:

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PH:

Date Out: 4/28/2023

CD/FILM REQUEST

FROM: Health Images at North Denver

Bethany Wallace, DO

8515 Pearl St - Ste 100

Thornton, CO 80229

(303) 630-0400

9005 Grant Street, Suite 400

Thornton, CO 80229

PH: (303) 964-1410 Fax: (303) 451-9656

PATIENT NAME

Angel, Theodore

PATIENT FILE NO.

TYPE OF EXAM

MRI Thoracic Spine WO

DATE OF SERVICE

4/28/2023 6:55:00 AM