

Date Out: 4/7/2023

CD/FILM REQUEST

FROM: Health Images at North Denver

9005 Grant Street, Suite 400

Thornton, CO 80229

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

RELEASED TO

		PATIENT NAME
TO:	Bethany Wallace, DO	Angel, Theodore
	8515 Pearl St - Ste 100	PATIENT FILE NO.
	Thornton, CO 80229	TYPE OF EXAM MRI Cervical Spine WO
ATTN:		DATE OF SERVICE
PH:	(303) 630-0400	4/7/2023 6:00:00 AM