

ANY PAPER FORMS FILLED OUT, PLEASE UPLOAD VIA FRONT DESK PORTAL @
App.RadFlow360.com/front-desk

****USE THE INCLUDED PATIENT ID AND ACCESSION # IN YOUR SYSTEM/PACS****

NAME	LAST: STINSON	FIRST: ASHLEY	ID: PRE1034855
PHONE	HOME: () -	Cell: (626) 807-6265	DOB: 3/6/1979
PATIENT ADDRESS	188 S SIERRA MADRE BLVD UNIT 6, PASADENA, CA 91107		
CLINICAL HISTORY	None		
REFERRING PHY	MATT EBLING		
EXAM LOCATION	747 E. Union St., Pasadena CA		

Patient ID : PRE1034855

****USE THE INCLUDED PATIENT ID AND ACCESSION # IN YOUR SYSTEM/PACS****

ACCESSION	EXAM	CPT	DX	READ TYPE	DATE / TIME
RAM1001399	MRI LUMBAR SPINE W/O CONTRAST - RESOURCE: OPEN	72148	M54.5	Tech Only	6/20/2025 10:00:00 AM

PLEASE HAVE PATIENT WALK OUT W/ CD

- 1) HAVE PATIENT FILL OUT ALL FORMS (IF ANY)
- 2) Obtain photo ID, ONLY if not already in the front desk portal.
- 3) PHOTO ID & ANY PAPER FORMS FILLED OUT, PLEASE UPLOAD VIA THE FRONT DESK PORTAL @ App.RadFlow360.com/front-desk

? HAVE A QUESTION? LIVE CHAT WITH US VIA FRONT DESK PORTAL ?

Patient can upload photo ID, e-sign liens and view appointments @
App.RadFlow360.com/patient-portal

Generated on : 6/17/2025 9:40:56 PM



PATIENT INFORMATION

Social Security Number:		DOB: 3/6/1979
Patient Name (Paciente):	STINSON, ASHLEY	ID: PRE1034855
Address (Domicilio):	188 S SIERRA MADRE BLVD UNIT 6, PASADENA, CA 91107	
Tel # (Telefono):	Home: () -	Cell: (626) 807-6265
Why are you here today & what are your symptoms? (Por que esta aqui y cuales son sus sintomas?):		

ATTORNEY INFORMATION

Attorney Name (Abogado):	DOWNTOWN L.A. LAW GROUP		
Address (Direccion):	612 S. BROADWAY, LOS ANGELES, CA 90014		
City, State, Zip (Ciudad), (Estado), (Codigo):	LOS ANGELES, CA 90014		
Tel# (Telefono):	(213) 389-3765	Fax: (877) 389-2775	
Driver's Name (Conductor):		Date of Injury (Fecha de Herida):	

AUTO INSURANCE INFORMATION

Insurance Carrier (compañía de seguros):			
Adjuster (Ajustador):		Claim # (# de Reclamo):	

*If you were in a car accident, please put the name of the person driving the car YOU were in. If you were the driver, please put your own name. (Si esto es un caso de un accidente de auto y usted fue pasajero, pon el nombre de conductor del auto que viajaba usted. Si usted era el conductor, pon su nombre)

Sign(Firma):

Date(Fecha):

PRE1034855^019



Imaging Order



25041RG8

ORDER #: 25041RG8
REQUESTING PROVIDER: Matt Ebling
SENT: 01/14/2025 04:26 pm
NOTES: take on a lien basis

Patient information

NAME: Ashley Stinson
DOB: 03/06/1979
GENDER: F
ID: SA424549
PHONE: (626) 807-6265
ADDRESS: 2321 Sinaloa Ave
Altadena, CA 91001
PAYMENT PREFERENCE: Provider

Requesting provider information

PRACTICE: Synergex Med, INC
PROVIDER NAME: Matt Ebling
NPI: 1962712240
PHONE: 5624144452
FAX: 5623818130
ADDRESS: 3711 Long Beach Blvd #4105
Long Beach, CA 90807

Responsible Party/Guarantor Information

NAME: Ashley Stinson
RELATION: Self
PHONE: (626) 807-6265
ADDRESS: 2321 Sinaloa Ave
Altadena, CA 91001

CODE	STUDY NAME	STAT	NOTES	DX
2756	Spine Lumbar MRI WO contrast	No		M54.50

Electronically Signed By: Matt Ebling