



## Marquette Medical Urgent Care X-Ray Referral Form

Marquette Medical Urgent Care | 1025 West Washington St Suite A Marquette, MI 49855 | Phone: (906) 239-5050 | Fax: (906) 239-5055

*Please fax the completed X-Ray Referral Form to (906) 239-5055 or have the patient bring to Marquette Medical.  
For any remaining questions or concerns please call us at (906) 239-5050 or email our medical director at [shawn.brown@mqtmed.com](mailto:shawn.brown@mqtmed.com).*

**Note:** X-ray fee \$50 (most insurance plans accepted). Open 7 days, 8am - 6pm, no appointment required.

### PATIENT DEMOGRAPHICS:

Name:	DOB:	Sex:
Phone Number:		

X-RAY INDICATION/ICD-10			
LEFT	RIGHT		
		Ankle - 3 View	Abdomen -1 View (Supine)
		Calcaneus	Abdomen - 2 View (Upright and Supine)
		Clavicle - 2 View	Cervical Spine - 3 View (AP, Lateral, Odontoid)
		Elbow- 3 View	Chest - 1 View
		Femur - 2 View	Chest - 2 View
		Finger(s) - 3 View _____	Lumbar Spine - 3 View (AP, Lateral, S1Spot)
		Forearm - 2 View	Neck Soft Tissue - 2 View ( C Spine, Lateral, AP Chest)
		Hand - 3 View	Pelvis - 1 View
		Hip - 3 View	Thoracic Spine - 2 View
		Humerus - 2 View	<b>NOTES:</b>  Please check here if you would like the patient to be provided with images on CD: <input type="checkbox"/>
		Knee - 3 View	
		Patella/Knee - 3 View (Including Sunrise)	
		Shoulder - 3 View	
		Tib Fib	
		Toe(s) - 3 View _____	
		Wrist - 3 View	

### REFERRING PROVIDER INFORMATION:

Name of Practice/Clinic:	
Phone Number:	Fax Number:
Name of Provider:	
Signature	Date: