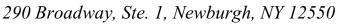
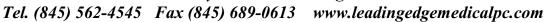


LEADING EDGE

Medical Diagnostic P.C.





Please call (845) 562-4545 to schedule your appointment!

Por favor llame al (845) 562-4545 para aser una cita!

| Patient's Name | Dat e |
|---|--|
| Patient's Address | |
| Patient's Insurance | |
| Referring Physician | |
| Diagnosisrevealed duri | ing initial / follow-up exam dated |
| Ruling Out | |
| If multiple diagnostic procedures are prescribed how many can be done pe | er visit due to patient medical condition |
| PRECAUTIONS Currently Pregnant | OPEN MRI Check for Contrast |
| I agree that my signature and date can serve as a proof of my diagnostic exam performed at Leading Edge on// Patient's Signature On the date of your exam do not wear jewelry, metal hair clips or any other clothing metal accessories. Patient must bring picture ID and Insurance card at time of appointment. Appt. Day Time | X-RAY EXTREMITIES |
| Referring Doctor Signature | SPINE Complete Cervical Dorsal Sacrum & Coccyx |