



SHERMAN COLLEGE
of STRAIGHT CHIROPRACTIC

Department of X-ray

2020 Springfield Road
Spartanburg, SC 29316
Phone: (864) 578-8770 ext. 266
Fax: (864) 599-4858

To schedule an appointment, please call 578-8777

*This form must be faxed prior to appointment or
given at the time of the scheduled appointment*

Digital X-ray Request Form

Patient Information

Patient Name: _____ Your Appointment: _____
Date and Time

Patient D.O.B. ____/____/____ Gender: ___M ___F

Spinal X-ray

Cervical:

Lateral
 APOM
 Nasium
 Base Posterior
 Obliques
 AP lower
 Flexion/Extension
 AP Spot (level) _____
 Lateral Spot (level) _____

Thoracic:

Lateral
 AP
 AP Spot (level) ____
 Lateral Spot (level) ____

Lumbar:

Lateral
 AP
 Obliques
 L5/S1 Lateral Spot
 L5/S1 AP Spot
 AP Spot (level) ____
 Lateral Spot (level) ____

Referring Chiropractor: _____
Signature Date

Chiropractor's Phone #: (____) _____ Fax #: (____) _____

Send copy of disc with patient DC will pick up