

Diagnostic Imaging Referral

Stephen M. Howell, M.D.

8100 Timberlake Way Suite F, Sacramento CA 95823

Office: 916.689.7370 Fax: 916.688.5610

South Sacramento

- **RAS South Imaging**
8118 Timberlake Way Suite 110
Sacramento, CA 95823
T: 916.681.8852 F: 916.681.8891

Downtown Sacramento

- **RAS Fort Sutter Diagnostic**
2801 K Street, Suite 110
Sacramento, CA 95816
T: 916.733.5051 F: 916.456.3590

Auburn Area

- **RAS Auburn Imaging**
3123 Professional Drive, Suite 100
Auburn, CA 95603
T: 530.888.8878 F: 530.888.7635



Arden / Howe Area

- **RAS Campus Commons Imaging**
2 Scripps Drive, Suite 110
Sacramento, CA 95825
T: 916.929.3393 F: 916.929.1827

Roseville Area

- **RAS Roseville Imaging**
1640 E. Roseville Parkway, Suite 100
Roseville, CA 95661
T: 916.784.2277 F: 916.784.2670

Folsom Area

- **RAS Folsom Imaging I**
1655 Creekside Drive
Folsom, CA 95630
T: 916.984.0739 F: 916.784.2670

Carmichael Area

- **RAS Carmichael Imaging**
6620 Coyle Avenue, Suite 110
Carmichael, CA 95608
T: 916.961.4910 F: 916.965.6855

Patient Name: _____ DOB: _____
 Home Phone #: _____ Cell Phone #: _____
 Insurance Carrier/Medical Group: _____ ID #: _____

Please bring your insurance card to your x-ray appointment

Exam Requested: _____ **PER ATTACHED REQUEST**
 Diagnosis: **DJD BILATERAL KNEES / KNEE PAIN** ICD-9: **715.96**
 Provider Name (please print): **Stephen M. Howell, M.D.** Provider's Signature: _____

Note to Patient: Please be sure to hand carry your x-rays to your scheduled appointment with Dr. Howell.
 Appointments can be made at above mentioned facility and Walk-ins are welcome.
 You may use any location closest to you that may not be on this form.
 Please contact those facilities for further details.

Appointment Date: _____ Appointment Time: _____ am/pm

PT. PROVIDER EXAM PATIENT

Patient to hand carry films to scheduled appointment

Knee Roentgenogram Prescription

Please obtain the following views

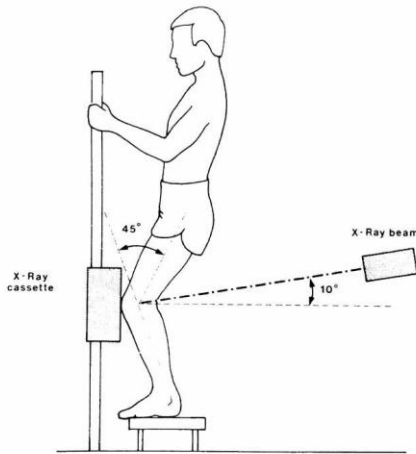
 x Lateral **Both knees** Right Left

 x Sunrise **Both knees** Right Left

 x Full Extension weight-bearing of both knees

 x 450 P/A Flexion weight-bearing of both knees

Technique for Obtaining 450 Posteroanterior (PA) Flexion Weight-bearing Radiograph of the Knee



Note the distance from the x-ray cassette to the x-ray beam is set at 40 inches.



An acceptable weight-bearing roentgenogram clearly visualizes the joint line. Clear visualization of the joint line requires superimposition of the anterior and posterior margins of the tibial plateau.

MD (O) 916-689-7370, (F) 916-688-5610