

**CONSULTATION REQUEST**

DR VINTON L. ALBERS ~ PO BOX 240129 • APPLE VALLEY MN 55124-0129  
952-432-3320 ~ Fax: 952-432-3210 ~ E-mail: drvalbers@aol.com ~ www.drvalbers.com

DATE \_\_\_\_\_

REFERRING DOCTOR \_\_\_\_\_

CLINIC \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

TELEPHONE (include area code) \_\_\_\_\_

PATIENT'S NAME \_\_\_\_\_

M  F DATE OF BIRTH \_\_\_\_\_ OCCUPATION \_\_\_\_\_

HISTORY OF: TRAUMA  NO  YES SURGERY  NO  YES MALIGNANCY  NO  YES

IF YES, DATE OF AND DESCRIBE BELOW

\_\_\_\_\_

SIGNIFICANT SYMPTOMS AND CLINICAL FINDINGS

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

X-RAYS/SCANS SUBMITTED FOR INTERPRETATION

VIEWS/STUDY \_\_\_\_\_ DATED \_\_\_\_\_

VIEWS/STUDY \_\_\_\_\_ DATED \_\_\_\_\_

VIEWS/STUDY \_\_\_\_\_ DATED \_\_\_\_\_

TELEPHONE CONSULTATION

WRITTEN REPORT

TELEPHONE CONSULTATION AND WRITTEN REPORT

FAX REPORT FAX # \_\_\_\_\_

GENERAL REPORT

SPECIAL CONCERN OR QUESTIONABLE FINDING (DESCRIBE BELOW AND MARK ON X-RAY/SCAN)

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

RADIOLOGY & IMAGING CONSULTANTS, P.A.

Vinton L. Albers, D.C.

Office: 952- 432-3320

FAX: 952- 432-3210

### Comparison Studies

When submitting studies for comparison, please indicate this on the front of the form under comments.

Include copy of previous written report.

### Radiographic Subluxations

If subluxation listings are needed for Medicare or federal workers compensation cases, please indicate this on the front of the form under comments.

### Mailing Instructions

**For faster delivery, use First-Class postage when x-ray mailer weighs 1-13 ounces.**

**Use Priority postage when weight exceeds 13 ounces.**

**Make sure the x-ray mailing envelope is stamped “First Class” or “Priority”.**

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**Regular Mailing Address:**      **Dr Vinton Albers**  
   **PO Box 240129**  
   **Apple Valley MN 55124-0129**

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**US Postal Service EXPRESS MAIL: Use the regular mailing address. Make sure to check box for waiver of signature and sign Customer Signature line on the express mailing label.**