Digital Imaging Center
Life Chiropractic College West
25001 Industrial Boulevard
Hayward, CA 94545
Telephone: 510-780-4559
Fax: 510-780-4511
E-mail: jnichols@lifewest.edu

Request For DACBR Report

Date: _____

Provider Information:

Name: _____

Address: _____

Telephone: _____ Fax: _____ Email: _____

Films being forwarded: _____
(Please use mailing envelopes, not tubes. Please erase any lines drawn on films.)

Patient Background:

Patient Name: _____ Patient's Age: _____

Chief Complaint: _____

History of Trauma: YES / NO If yes, Date of Trauma: _____

Explain: _____

History of Tumor: YES / NO If yes, Date: _____

Type of Tumor: _____

Explain: _____

Payment Information:
You will be billed by mail directly from DACBR.
Fees:
$20.00 per region (cervical spine, thoracic spine, shoulder, etc.)

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