

MRI Scan Review Request

Provided that your most recent study is less than 12 months old, Dr. Dick will review your neck and back MRI, CT scans and/or plain x-rays and discuss them with you over the telephone. There will be no obligation or charge to you.

Please print this MRI Review Request form and the Patient Intake Form. Fill them out completely. Enclose *copies* of your studies on a CD (the CDs will not be returned) and mail them to:

Jeffrey C. Dick, MD
MRI Scan Review
Twin Cities Orthopedics
4010 West 65th Street
Edina, MN 55435

Name:

Day/Evening phone & extension:

Address:

Best time to call (circle):

Morning Afternoon Evening

City/State/Zip:

How did you learn about TCO?

By filling out the MRI request form you agree that:

- Your personally identifiable health care information can be shared with employees of Twin Cities Orthopedics.
- The MRI review is for information only and is not a substitute for the more thorough evaluation that occurs during an in person appointment.
- A written evaluation and medical diagnosis can only be provided if you are personally examined by a physician at TCO at which time there will be an appointment charge.
- I understand and agree to the above terms and conditions and request a complimentary review of my scans and x-rays for informational purposes only.

Signature _____ Date _____.