

# Request for Second Opinion Interpretation of Radiographs/Other Imaging Medical Necessity

Re: Patient: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Policy ID/Group Number \_\_\_\_\_ Policy Holder: \_\_\_\_\_  
Claim Number and Date of Accident (if applicable) \_\_\_\_\_

To Whom It May Concern:

The above referenced patient has sought chiropractic care in my clinic. Upon historical review and physical examination, I determined radiographs (see indicated body region below) were necessary for further diagnosis and implementation of a chiropractic treatment plan. Upon interpretation of the patient's radiographic examination or other previous diagnostic imaging, I discovered that a second opinion radiographic/imaging interpretation by a specialist radiologist would be necessary based on the below indicated radiographic and/or clinical findings. I have sent the referenced patient's imaging study or studies to **Dr. Brooke L. Gajeski, DC, DACBR of *SAFEGUARD* Radiology Interpretation Services** for a second opinion interpretation service, and this service will be billed to your organization or company by ***SAFEGUARD* Radiology Interpretation Services** as a separate service from the initial radiographic or other imaging service billed by my office or other imaging facility.

### X-rays Submitted to Radiologist for Second Opinion Interpretation:

Spinal: (circle)	Cervical	Thoracic	Lumbar	Thoracolumbar	Sacral/Pelvic
Upper Extremity: (circle)	Shoulder	Elbow/Wrist		Hand	Other: _____
Lower Extremity: (circle)	Hip	Knee	Leg	Ankle	Foot Other: _____
Other Region(s): _____			Date of X-rays: _____		

### Other Type of Diagnostic Imaging Submitted to Radiologist for Second Opinion Interpretation:

MRI:	Region: _____	Date of MRI: _____
CT:	Region: _____	Date of CT: _____

### Indication(s) for Request for Second Opinion Diagnostic Imaging Interpretation

- Unidentified bone or soft tissue finding(s), mass, or lesion- "questionable pathology"
- Odd-looking or anomalous anatomy
- Questionable fracture
- Gross or questionable abnormal intersegmental spinal alignment
- Questionable spinal instability
- Question of possible contraindication to the spinal or extremity chiropractic adjustment
- Delayed or poor response to treatment
- Constitutional or significant symptoms with/without significant imaging findings
- Patient has a previously diagnosed bone or joint disorder
- Other: \_\_\_\_\_

Thank-you for your consideration in reimbursement of the requested second opinion interpretation(s) noted above for this patient directly to ***SAFEGUARD* Radiology Interpretation Services**.

Sincerely, Doctor's Name (print) \_\_\_\_\_  
Doctor's Signature \_\_\_\_\_ Date \_\_\_\_\_