

KNEE FOLLOW-UP

— X-RAY ORDER

MIDLANDS
orthopaedics
& NEUROSURGERY

***Patient - Please fill your NAME and DATE OF BIRTH before visiting the office.**

R_x

FOR (NAME) _____

DOB: _____

ADDRESS _____

DATE _____

Please choose/circle ONE section (either 1, 2, or 3) to ensure the appropriate x-rays are obtained from the patient's radiology facility.

1. LEFT
 - a. Diagnoses:
 - i. Osteoarthritis (OA) of the knee – **M17.12**
 - ii. Knee pain – **M25.562**
2. RIGHT
 - a. Diagnoses:
 - i. Osteoarthritis (OA) of the knee – **M17.11**
 - ii. Knee pain – **M25.561**
3. BILATERAL
 - a. Diagnoses:
 - i. Osteoarthritis (OA) of the knee – **M17.0**
 - ii. Knee pain – **M25.569**

Views (please include each of the following)

1. AP
2. Lateral
3. Sunrise
4. 45° flexion

Please send these x-ray images to us via Nuance PowerShare. **Our facility lookup information is:**
Midlands Orthopaedics & Neurosurgery, 1910 Blanding Street, Columbia, SC 29201

If you are not in the PowerShare network, please mail a CD with digital .DICOM copies of these images to us at:

Midlands Orthopaedics & Neurosurgery
ATTN: Gross MD New Patient
1910 Blanding Street Columbia, SC 29201

Thomas P.
Gross MD

Digitally signed
by Thomas P.
Gross MD
Date: 2024.06.06
11:12:00 -04'00'

THANK YOU!

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