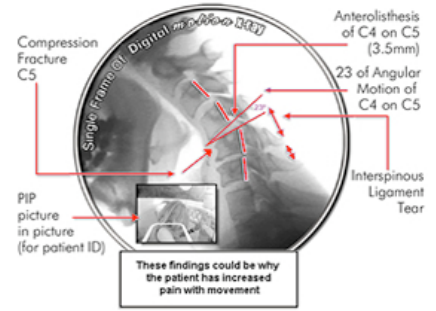




4832 N. First Street, Suite 101  
 Fresno, CA 93726  
 (559) 224-6001  
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### Medical Necessity

Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_

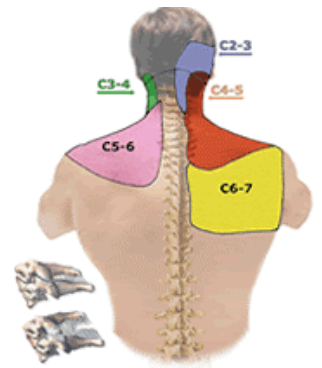
Referring Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

### Diagnostic Fluoroscopy

- CERVICAL SPINE
- WRIST
- TMJ
- (MBS) MODIFIED BARIUM SWALLOW
- SHOULDER
- OTHER: \_\_\_\_\_

### Medical Necessity (check)

- Headaches, dizziness or blurred vision
- Pain increased with movement
- Confirm ligamentous instability in the upper 30% of the cervical spine, which is supported by ligaments only and contains no discs. (Alar-Accessory-Transverse Ligaments)
- Confirm ligamentous instability to the complete cervical spine in flexion-extension views. (Anterior Longitudinal Ligament, Posterior Longitudinal Ligament, Interspinous Ligament and Compression Fractures)
- Confirm ligamentous instability at facet joints in flexion-extension oblique views. (Capsular Ligaments)
- Confirm referred pain syndrome from capsular ligamentous injury. (Scleratomal pain)
- Confirm swallowing difficulty or complaint of swelling in throat.
- Increased pain and clicking on opening and closing jaw.



Physician's Signature \_\_\_\_\_

