

## Spinal Care Chiropractic, Inc.

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

**NOTE: Full spine x-ray (scoliosis study/scoliogram) in CD form.** Please see instructions below. **Only do it at: SLMC Global City, MMC, Asian Hospital, & TMC (main hospital).**

**Reason for X-Ray: For chiropractic evaluation/ to confirm spinal misalignments.**

### Full Spine A-P View

- Patient must stand with feet, shoulder width apart, no shoes. Make sure patient is weight bearing equally on both feet.
- **Patient to look straight ahead, not extended back.**
- Patient to maintain open mouth to ensure upper cervical region is seen (**APOM**).
- **Wider collimation to include full view of shoulders.**
- **Ischial tuberosities and obturator tendon MUST be included in the view.**
- Include contrast/negative images for the view.

### Full Spine Lateral View

- Patient must stand with feet, shoulder width apart, no shoes. Make sure patient is weight bearing equally on both feet.
- **Patient to look straight ahead, not extended back.**
- **Patient must have shoulders and elbows relaxed, arms not fully extended.**
- Include contrast/negative images for the view.

### Cervico-Thoracic Lateral View (C4-T5) \*vertebral endplates must be seen

- Patient must stand with feet, shoulder width apart, no shoes. Make sure patient is weight bearing equally on both feet.
- **Patient to look straight ahead, not extended back.**
- **Patient must have shoulders and elbows relaxed, arms not fully extended.**
- Include contrast/negative images for the view.

### Digital Peripheral X-rays

#### Bilateral Knee: A-P and Lateral Views (weight-bearing)