

Spinal Care Chiropractic, Inc.

Unit 1205 Park Triangle Corporate Plaza North Tower 32nd St. cor. 11th Ave. BGC, Taguig
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Patient Name: _____

Date: _____

WHOLE SPINE X-RAY (SCOLIOSIS STUDY/ SCOLIOGRAM)

A-P View (with FULL view of shoulders, pelvis, hips)

- Patient to stand evenly with feet shoulder width apart, no shoes.
- Patient looking straight ahead.
- **APOM:** Maintain open mouth to ensure upper cervical region is seen.
- Wider collimation to include the following:
 - Shoulders (including humeral head and greater tuberosity)
 - Pelvis (ischial tuberosity, obturator foramen)
 - Hips (greater trochanter and lesser trochanter)

Lateral View (vertebral endplates must be clearly seen)

- Patient to stand evenly with feet shoulder width apart, no shoes.
- Patient looking straight ahead.
- **Patient must have shoulders and elbows relaxed, arms not fully extended.**

NOTES:

1. **DICOM Images on CD format only.**
2. **Recommended Hospitals:** SLMC BGC/ QC and Asian Hospital.
3. Include contrast/ negative images on all views
4. **STRICTLY FOLLOW request and notes regarding patient positioning and collimation.**
5. Send written report to: info@spinalcareph.com

Reason for X-Ray: For chiropractic evaluation. To confirm spinal misalignments.

OTHER TESTS

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

Others: _____

Additional Notes:

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