



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

Clinical \_\_\_\_\_ Date of Birth \_\_\_\_\_

Signs/Symptoms \_\_\_\_\_

CPT CODE	STUDY REQUESTED	COST
71046	Chest X-Ray-2 Views	\$50.00

**SUFFOLK FIRST MEDICAL, P.C.**  
**Dr. In Ho Han**

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**Physician Signature** \_\_\_\_\_

THIS FORM MUST BE PRESENTED AT TIME OF EXAM  
MAP ON BACK

# ZWANGER-PESIRI RADIOLOGY

