

NEW PATIENT ROUTING FORM

Information: This routing form is to be used for all NPI's. Each step is to be initialed and dated before moving on to the next.

NAME _____

Front Desk:

1. Check that the Intake Form are fully completed and signed _____
2. Have them watch the Day 1 Video _____
3. Sign ABN Form if 65 years and older _____

Financial Manager:

1. Conduct Day 1. **Day 1 Date:** _____ **Source:** _____ **Q/ NQ**
2. How many x-rays? _____ Charge? _____

X-Rays Done:

C-Spine AP/Lat **Lumbar AP/Lat** **T-Spine AP/Lat** **Other?** _____

3. If noted above, take payment and record _____
4. Schedule for the Report of Findings - **Date:** _____ **Spouse Name:** _____
5. Route person's file to front desk _____

Chiropractor:

1. Review all patient information _____
2. X-rays Digitized _____
3. X-ray report printed _____

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|--------|----------|-----------|-----------|---------|---------|--------|
| Area? | Up. Neck | Low. Neck | Upperback | Midback | Lowback | Sacrum |
| Phase? | 0 1 1.5 | 2 2.5 3 | | | | |
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