NEBRASKA SPINE + PAIN CENTER

EXPERIENCED, SPECIALIZED CARE.

Appointment Request

Fax Number: 877.642.2062

www.nespine.com

Cash Pay Radiology Order Form

This referral is for a CASH PAY service only. To bill this service to insurance, you must make an appointment with a Nebraska Spine + Pain Center provider.

Ordering Provider: _____
Office/Clinic Name: _____
Contact #: ( ) _____
Email: _____
DX: _____

Patient Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Date of Birth: _____
Phone #: ( ) _____

MRI ORDERS (NEURO/SPINE)

☐ **Without Contrast ($420 each)** ☐ **With & Without Contrast ($480 each)**

☐ **Brain** ☐ **Cervical** ☐ **Thoracic** ☐ **Lumbar**

MRI ORDERS (BONE)

☐ **Without Contrast ($420 each)** ☐ **With & Without Contrast ($480 each)**

If Applicable: ☐ Left ☐ Right ☐ Bilateral

☐ **Pelvis** ☐ **Hip** ☐ **Femur** ☐ **Tibia/Fibula** ☐ **Knee** ☐ **Shoulder** ☐ **Ankle** ☐ **Forearm**
☐ **Humerus** ☐ **Foot** ☐ **Wrist** ☐ **Hand** ☐ **Elbow**

X-RAY ORDERS

☐ **Cervical ($40 each)**
☐ AP ☐ Lat ☐ Flexion ☐ Extension

☐ **Sacrum/Pelvis/Coccyx ($40 each)**
☐ AP Pelvis ☐ Coccyx ☐ Sacrum ☐ Ferguson

☐ **Thoracic ($40 each)**
☐ AP ☐ Lat

☐ **Lumbar ($40 each)**
☐ AP ☐ Lat ☐ Flexion ☐ Extension ☐ Ferguson

CT ORDERS

☐ **Cervical Without Contrast ($250)** ☐ **Lumbar Without Contrast ($250)**

☐ **Thoracic Without Contrast ($250)** ☐ **Pelvis/SI Without Contrast ($250)**

☐ Push images via account with Powershare
(email required)

Fax report for scans to: ( ) _____

Ordering Provider Signature: X _____ **Date:** _____

Questions? Please call us at 402.496.0404

Updated August 2025