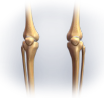
Knee X-ray Prescription

Joint Ai

Patient Name: _____ Date: _____

Address: _____ DOB: _____ Age: ____



Bilateral Knee Series

- [ ] Bilateral PA Standing With Flexion
- [ ] Bilateral PA Standing With No Flexion
- [ ] Bilateral Kneecap (Merchant)
- [ ] Right Lateral
- [ ] Left Lateral

_____

Provider's Signature