



Vertebral Motion Analysis VMA™ Order Form

PATIENT NAME: _____ DOB: _____ PHONE: _____

MEDICAL NECESSITY: The patient above requires VMA Diagnostic Fluoroscopic Radiological Procedure for _____

ICD-10(s) _____

ORDERED TEST CONFIGURATION (MUST SELECT ONE OR BOTH):

- VMA™ Cervical Exam** – Fluoroscopic Two-view Flexion/Extension Series, assisted bending routine.
- VMA™ Lumbar Exam** - Fluoroscopic Standard Six-view Flexion/Extension Series, and weight-bearing and non-weightbearing assisted bending routines.
- VMA™ Cervical & Lumbar Exam**

PAYMENT COVERAGE

- CASH PAY amount due \$** _____
- WORK COMP ADJUSTER'S NAME** _____ **PH** _____
- ATTORNEY, LAW FIRM NAME:** _____ **PH** _____
- PRIVATE INS RADIOLOGY REVIEW PHONE** _____ **CONTACT** _____
- AUTH PENDING Y / N (CIRCLE ONE) AUTH#** _____ **HARD COPY RECEIVED** _____
- MEDICARE / MEDICAID (circle one or both if applicable)**
- WAIVER SIGNED Y / N (CIRCLE ONE) *Advance Beneficiary Notice or Waiver of Noncoverage must be signed before the procedure if billing insurance in the interim of Third Party Liability cases.**

Referring/Ordering Physician for VMA™ Test

Physician Name: _____ Physician Signature: _____ Date: _____

Preferred VMA Appointment Date: _____ Physician Follow Up Appointment: _____

Phone: 833-773-8VMA

Fax: 833-773-8862

Email: support@motiondiagnostics.com



VMA™ Patient Instructions

Each VMA test takes about 30 minutes.

Please bring a picture ID with you to your appointment.

Clothing:

Please wear loose fitting clothes (sweat pants and t-shirts are ideal). For women please, wear a sports bra or any bra without metal components. If you have long hair, please wear your hair up so that it does not hang down below your neck. Please do not wear belts, jewelry, piercings or anything metal around your waist.

Eating & Drinking:

Do not eat or drink 4-6 hours prior to testing. If you are diabetic, have another medical condition or if fasting for 4-6 hours is not feasible for you, please eat as little as you are comfortable eating and to stick with "BRAT" foods (Banana, Rice, Applesauce, Toast). Also, you may bring juice or a snack with you.

Medication:

If you would normally take medication for lumbar back pain, please take these medications and any other medications as indicated.

The VMA test uses X-ray. If you are pregnant, or if there is a possibility that you may be pregnant, please notify your physician and facility in advance of the test.

Vertebral Motion Diagnostics

Ph: (833) 773-8VMA

Fax: (833) 773-8862

Email: support@vertebralmotiondiagnostics.com