



**Vertebral Motion Analysis
VMA™ Order Form**

PATIENT NAME: _____ DOB: _____ PHONE: _____

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-weight-bearing assisted bending routines.
- VMA™ Cervical & Lumbar Exam**

PAYMENT COVERAGE

- CASH PAY**
- ATTORNEY CASE**

LAW FIRM NAME: _____ PHONE# _____

Physician Referring for VMA™ Test

Physician Name: _____ Physician Signature: _____ Date: _____

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

To speak with a scheduler please call (888)360-8538.

Fax: (512) 532-0599



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.

Primer Med

Ph: (888) 360-8538

Fax: (512) 532-0599

Email: www.gaylen@primeromed.com