

## Hip MRI & X-ray review form

Please complete and return to Dr. Phil Kregor with your x-rays and/or MRI for evaluation.

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Age:** \_\_\_\_\_

**Address:**

\_\_\_\_\_

\_\_\_\_\_

**State/Zip Code:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Involved hip (Tick):**  Right  Left  Both

**Location of symptoms (Tick):**  Groin  Lateral  Hip  Buttock

**Date of injury:** \_\_\_\_\_ **and/or Length of symptoms:** \_\_\_\_\_

**Night Pain:**  Yes  No

**Do you limp:**  Yes  No

**Exam(s) you are sending:**

**X-rays Date of exam:** \_\_\_\_\_

**MRI Date of exam:** \_\_\_\_\_

**Send to:**

**Dr. Philip J. Kregor, M.D.**  
**Hip & Fracture Institute Nashville**  
**345 23rd Avenue North**  
**Suite 301**  
**Nashville, TN 37203 – 1513**  
**Tel: 615-691-4477**  
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