hospital ORILLIA SOLDIERS' MEMORIAL

Orillia Soldiers' Memorial Hospital
170 Colborne St. West, Orillia, ON L3V 2Z3 Tel: **705-327-9127** Fax: **705-330-3224**

Request for X-Ray Examination • No Appointment Needed Unless Indicated

PATIENT INFORMATION	MRN No.	**APPOINTMENT DATE:**	**TIME:**
☐ IN-PATIENT ☐ OUT-PATIENT ☐ ER			**ARRIVAL TIME:**

Last Name	**First Name**			
Date of Birth (d/m/y)	☐ M ☐ F	**Health Card No.**	**WSIB No.**	**3rd Party Ins. No.**

Address

City	**Postal Code**	**Contact Number**	☐ **OK to leave voice mail message**

Head & Neck

- ☐ SKULL
- ☐ MANDIBLE
- ☐ TMJ JOINTS
- ☐ ORBITS
- ☐ SINUSES
- ☐ NASAL BONES
- ☐ FACIAL BONES
- ☐ SOFT TISSUE NECK

Chest & Abdomen

- ☐ CHEST 2 VIEWS (PA & Lat)
- ☐ RIGHT RIBS (Incl. Chest PA View)
- ☐ LEFT RIBS (Incl. Chest PA View)
- ☐ STERNUM
- ☐ S-C JOINTS
- ☐ ABDOMEN/KUB
- ☐ ABDOMEN 3 VIEWS

Gastrics (By Appointment Only)

- ☐ UPPER GI SERIES
- ☐ BARIUM SWALLOW
- ☐ SMALL BOWEL FOLLOW-THRU

Lower Extremities

R	L	
☐	☐	HIP
☐	☐	FEMUR
☐	☐	KNEE
☐	☐	PATELLA
☐	☐	TIB-FIB
☐	☐	ANKLE
☐	☐	CALCANEUS
☐	☐	FOOT
☐	☐	TOE
☐	☐	ORTHOROENTGENOGRAM

Upper Extremities

R	L	
☐	☐	CLAVICLE
☐	☐	A.C. JOINTS
☐	☐	SCAPULA
☐	☐	SHOULDER
☐	☐	HUMERUS
☐	☐	ELBOW
☐	☐	FOREARM
☐	☐	WRIST
☐	☐	SCAPHOID
☐	☐	HAND
☐	☐	FINGER

Spine & Pelvis

- ☐ CERVICAL SPINE
- ☐ THORACIC SPINE
- ☐ LUMBAR SPINE
- ☐ S.I. JOINTS
- ☐ SACRUM & COCCYX
- ☐ PELVIS
- ☐ SCOLIOSIS 1 VIEW (AP)
- ☐ SCOLIOSIS 2 VIEWS (AP & Lat)
- ☐ SKELETAL SURVEY (Metastases)
- ☐ SKELETAL SURVEY (Arthritis)

OTHER EXAM NOT LISTED:

RELEVANT CLINICAL HISTORY FOR EXAM:

PHYSICIAN INFORMATION

Physician's Name (Please PRINT clearly)		OFFICE STAMP:
Address/ Phone	**CPSO#**	
Physician's Signature X		

INCOMPLETE, ILLEGIBLE AND/OR UNSIGNED REQUISITIONS WILL BE RETURNED.