AMHERSTBURG X-RAY

RADIOLOGY REQUISITION FORM

433 Sandwich St. S., Amherstburg 519.736.9548

Powered by ESR ERIE ST CLAIR RADIOLOGY

Appointment	DAY	MONTH	YEAR	TIME

Arrive 10 minutes before your appointment and bring your OHIP card. If you are unable to keep your appointment, please give us 24-hour notification. You will be rebooked if you are late.

Patients Last Name		Patients' First Name	
Address		Date of Birth (DD | MM | YYYY)	
City Prov.	Postal Code	Phone#	Cell Phone #
Health Card #			
Physician's Signature:			
CC Reports to:			

Clinical History (REQUIRED) ❑ STAT ❑ VERBAL Contact # _____

DIGITAL X-RAY (No appointment required)

HEAD & NECK
- ❑ Adenoids
- ❑ Facial bones
- ❑ Mandible
- ❑ Mastoids
- ❑ Nose
- ❑ Orbits for MRI
- ❑ Sinuses
- ❑ Skull
- ❑ Soft tissue neck
- ❑ T.M. joints

ABDOMEN
- ❑ Acute (2 views) + PA chest
- ❑ Plain film (K.U.B. 1 view)

CHEST
- ❑ P.A. & Lateral
- ❑ P.A. Only
- ❑ Ribs
- ❑ Sternum

❑ Other _____

SPINE & PELVIS
- ❑ Cervical spine
- ❑ Lumbar (L/S) spine
- ❑ Pelvis
- ❑ Sacrum & coccyx
- ❑ S.I. joints
- ❑ Thoracic spine

SKELETAL SURVEY
- ❑ Arthritic series
- ❑ Bone age
- ❑ Metastatic series
- ❑ Multiple myeloma series
- ❑ Scoliosis series

UPPER EXTREMITIES

R	L	
❑	❑	A.C. joint
❑	❑	Clavicle
❑	❑	Elbow
❑	❑	Fingers # 1 2 3 4 5
❑	❑	Forearm
❑	❑	Hand
❑	❑	Humerus
❑	❑	Scaphoid
❑	❑	Scapula
❑	❑	Shoulder
❑	❑	Sternoclavicular joints
❑	❑	Wrist

LOWER EXTREMITIES

R	L	
❑	❑	Ankle
❑	❑	Calcaneus
❑	❑	Femur
❑	❑	Foot
❑	❑	Hip
❑	❑	Knee
❑	❑	Tib. & fib.
❑	❑	Toes # 1 2 3 4 5

DIAGNOSTIC IMAGING INSTRUCTION SHEET

X-RAY If there is a possibility that you are pregnant, please inform your doctor and the technologist prior to the X-ray.