Royal Victoria Regional Health Centre

Radiology Request – X-Ray

Royal Victoria Regional Health Centre
Medical Imaging
Tel. (705) 739.5610
Fax. (705) 727.7733
Walk-in Monday-Friday 0800-1700

PATIENT INFORMATION

Name: _____

HRN: _____

PHIN: _____

D.O.B.: _____

Tel.: _____

❑ In-patient ❑ Out-patient

CLINICAL INFORMATION, REASON FOR EXAMINATION: Pregnant? ❑ Y ❑ N

Previous Imaging:

REFERRING PHYSICIAN SIGNATURE: _____

NAME (please print): _____ *PHONE:* _____

CHEST
- ❑ Chest – Routine
- Ribs ❑R ❑L
- ❑ S. C. Joints
- ❑ Sternum

ABDOMEN
- ❑ Abdomen 1 View
- ❑ Acute Abdomen 2 Views + PA Chest

HEAD & NECK
- ❑ Facial Bones
- ❑ Mandible
- ❑ Orbits for MRI
- ❑ Orbits
- ❑ Skull
- ❑ Soft Tissue Neck

SKELETAL SURVEY
- ❑ Arthritic
- ❑ Bone Age
- ❑ Metastatic

SPINE & PELVIS
- ❑ Cervical Spine
- ❑ Thoracic Spine
- ❑ Lumbar Spine
- ❑ Pelvis
- Hip ❑R ❑L
- ❑ Sacrum/Coccyx
- ❑ S.I. Joints
- ❑ Scoliosis
  - ❑ 1 View AP
  - ❑ 2 Views AP + Lateral

UPPER EXTREMITIES
- ❑ A.C. Joints
- Clavicle ❑R ❑L
- Shoulder ❑R ❑L
- Scapula ❑R ❑L
- Humerus ❑R ❑L
- Elbow ❑R ❑L
- Forearm ❑R ❑L
- Wrist ❑R ❑L
- Scaphoid ❑R ❑L
- Hand ❑R ❑L
- Fingers ❑R ❑L
- _____ Digit

LOWER EXTREMITIES
- Femur ❑R ❑L
- Knee ❑R ❑L
  - ❑ OA Series
- Tib/Fib ❑R ❑L
- Ankle ❑R ❑L
- Foot ❑R ❑L
  - ❑ Standing (Weight Bearing)
- Calcaneus ❑R ❑L
- Toes ❑R ❑L
- _____ Digit
- ❑ 3' Leg Length

❑ Other:

WSIB INFORMATION:

EMPLOYER: _____ DATE OF ACCIDENT: _____

ADDRESS: _____