brooke RADIOLOGY
X-RAY REQUISITION

4218 Hastings Street	100 – 4980 Kingsway	150 – 5791 No 3 Road	105 – 6051 Gilbert Road
Burnaby, BC V5C 2J6	Burnaby, BC V5H 4K7	Richmond, BC V6X 2C9	Richmond, BC V7C 3V3
Ph: 604-299-2666	Ph: 604-434-1345	Ph: 604-278-9151	Ph: 604-273-7378
Fax: 604-299-5773	Fax: 604-435-1309	Fax: 604-278-6315	Fax: 604-273-5861

Patient: ____
First name Last name
PHN: ____
Birth date: ____
Sex: ☐ Male ☐ Female ☐ X
Address: ____
City: ________________ **Postal code:** __________________
Billable to: ☐ MSP ☐ ICBC ☐ WCB ☐ Patient
☐ Other: ____________________________

Referring Physician: ____________________________________
Billing Number: ____________________________________
Phone: ________________ **Fax:** __________________________

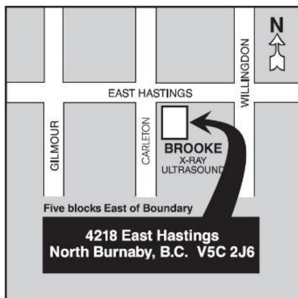
Copy to: ____________________________________

Exam Requested ☐ **STAT REPORT**

*Please note, we do not do leg length, sialogram, or true lateral hip exams at our clinics

Clinical History (must be indicated)

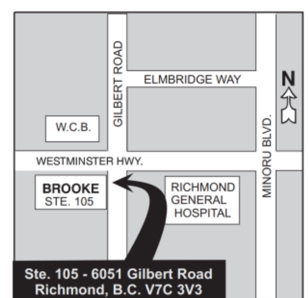
Hastings, North Burnaby



Kingsway, South Burnaby

3 Road, Richmond

Gilbert Road, Richmond



NO APPOINTMENT NEEDED FOR X-RAY EXAMS. PLEASE BRING THIS FORM AND YOUR CARE CARD WITH YOU.
TECHNOLOGISTS DO NOT TRANSFER, LIFT, OR HOLD PATIENTS. PLEASE ARRANGE ASSISTANT IF NEEDED.
PLEASE ARRANGE SUPERVISION FOR CHILDREN AS THEY CAN NOT ACCOMPANY PATIENT IN THE EXAM ROOM.