

BROOKE RADIOLOGY ASSOCIATES

AN ASSOCIATION OF INDEPENDENT PRACTITIONERS OF RADIOLOGY

X-RAY REQUISITION

Locations in Richmond & Burnaby

See reverse for addresses & maps

NAME: _____ DOB: _____ SEX: M F DATE: _____

ADDRESS: _____ PHONE: _____

ORDERING PHYSICIAN: _____ COPY OF RESULTS TO: _____

PAYEE: MSP - PHN: _____ ICBC _____ CLAIM #: _____ WCB _____ CLAIM #: _____

OTHER (PRIVATE, CORPORATION, ETC) _____

Relevant History, Findings, etc (Must be completed)

Physicians Signature: _____

NO APPOINTMENT REQUIRED

TRUNK

- _____ Chest
- _____ Thoracic Inlet
- _____ Ribs (one side) L _____ R _____
- _____ Ribs (both sides)
- _____ Sternum or sternoclavicular joints
- _____ Sternum & sternoclavicular joints
- _____ Abdomen (supine only)
- _____ Abdomen (multiple views)
- _____ KUB
- _____ Cervical Spine
- _____ Thoracic Spine
- _____ Lumbar Spine
- _____ Scoliosis
- _____ Sacrum & Coccyx
- _____ Pelvis
- _____ SI Joints

EXTREMITIES

- | | L | R |
|-----------------------|-------|-------|
| Shoulder | _____ | _____ |
| Clavicle | _____ | _____ |
| A/C Joint | _____ | _____ |
| Humerus | _____ | _____ |
| Elbow | _____ | _____ |
| Forearm (Radius/Ulna) | _____ | _____ |
| Wrist | _____ | _____ |
| Hand/Fingers | _____ | _____ |
| Hip | _____ | _____ |
| Femur | _____ | _____ |
| Knee | _____ | _____ |
| Tibia/Fibula | _____ | _____ |
| Ankle | _____ | _____ |
| Foot | _____ | _____ |

HEAD & NECK

- _____ Skull
- _____ Sinuses
- _____ Facial Bones/Orbit (see below for pre MRI)
- _____ Nasal Bones
- _____ Mastoids
- _____ Mandible
- _____ TM Joints
- _____ Salivary Gland Region
- _____ Eye for Foreign Body
- _____ Orbits - Pre MRI
- _____ Nasopharynx/Soff Tissue Neck

OTHER

- _____ Bone Age
- _____ Skeletal Survey (limited)
- _____ Skeletal Survey (general)

- _____ Submitted films for interpretation

ADDITIONAL/SPECIAL VIEWS: SPECIFY VIEWS REQUIRED

NORTH BURNABY
 4218 East Hastings
 Burnaby, B.C. V5C 2J6
 Phone: 604 299-2666
 Fax: 604-299-5773



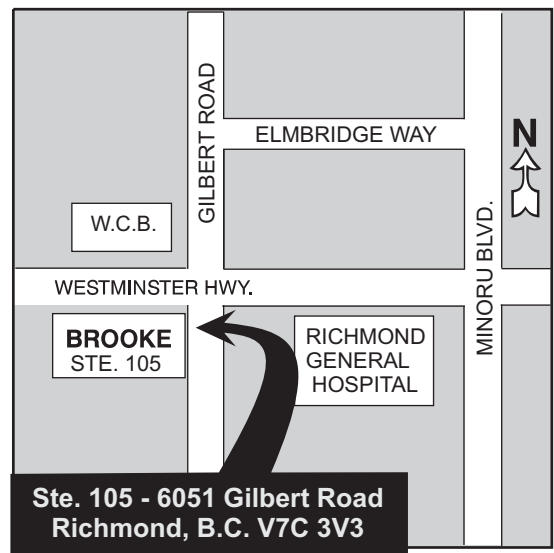
SOUTH BURNABY
 100 - 4980 Kingsway
 Burnaby, B.C. V5H 4K7
 Phone: 604 434-1345
 Fax: 604-435-1309



RICHMOND
 150 - 5791 No. 3 Road
 Richmond, B.C. V6X 2C9
 Phone: 604 278-9151
 Fax: 604-278-6315



RICHMOND
 105 - 6051 Gilbert Road
 Richmond, B.C. V7C 3V3
 Phone: 604 273-7378
 Fax: 604-273-5861



PLEASE MAKE ARRANGEMENTS FOR CHILD CARE WHILE IN OUR CLINIC
 Please bring this form with you.