Hôpital général de la baie Georgienne
GEORGIAN BAY General Hospital

Diagnostic Imaging Request – X-Ray

Tel. (705) 526-1300 Ext. 5090
Fax. (705) 526-7837
Walk-in Monday-Friday 0800-1600 or by appointment www.gbgh.on.ca

PATIENT INFORMATION

Name: _____

Address: _____

H.C. #: _____

D.O.B.(DD/MM/YYYY): _____

Tel.: _____

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

REFERRING PHYSICIAN SIGNATURE: _____

NAME (please print) & BILLING #: _____ *PHONE:* _____

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

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

SPINE & PELVIS
- ☐ Cervical Spine
- ☐ Thoracic Spine
- ☐ Lumbar Spine
- ☐ Pelvis
- Hip ☐R ☐L
- ☐ Sacrum/Coccyx
- ☐ S.I. Joints
- ☐ Scoliosis

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

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

SKELETAL SURVEY
- ☐ Arthritic
- ☐ Bone Age
- ☐ Metastatic

☐ Other:

WSIB INFORMATION:

EMPLOYER: _____ DATE OF ACCIDENT: _____

ADDRESS: _____