

**104-1107 Munroe Ave (Munroe and Panet Rd)****Winnipeg, MB R2K 3Z5****Phone: 204-410-6969 Fax: 204-410-6968****HOURS: M-T-Th-F 9:00am - 5:30pm****Wednesday 9:00am - 7:00pm****Saturday 12:00pm - 4:00pm**

First Name:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Last Name:			
Address: <small>City/Province</small>		Phone: <small>Postal Code</small>	
Manitoba Health Reg: (Required)		Date of Birth: DD-MM-YYYY	
PHIN #: (Required)		Other Health Card Number: <i>(Out of Province)</i>	
Pregnant? <input type="checkbox"/> YES <input type="checkbox"/> NO LNMP: DD-MM-YYYY ____/____/____			
History of allergies <input type="checkbox"/> YES <input type="checkbox"/> NO			
Previous Imaging:		Relevant Surgeries:	

PAYMENT AGENCY RESPONSIBILITY

Manitoba Health requires that one of the following boxes be marked by the requisitioning physician at the time the x-rays are ordered:

☐ Manitoba Health ☐ Worker's Compensation Board File # _____

Third Party Requirements (specify): _____

Other (specify): _____

A medical practitioner when requisitioning x-ray procedures on a requisition form should specify individual and specify x-ray procedures. Additional views, examinations or further x-ray procedures may be performed as medically required. Comparison x-rays are not claimable in addition to the x-ray procedures performed.

Examination(s) Requested: ☐ Chest X-ray ☐ EKG ☐ Spirometry**Other:** 1) _____

2) _____

3) _____

Clinical History:

Referring Physician: _____ **Date:** _____**Copy Report To:** _____**IF URGENT, PLEASE INDICATE:** ☐ Phone Report ☐ Fax Report ☐ Send Images with Patient**Lead shielding used?** ☐ YES ☐ NO**Patient Stated NOT pregnant** ☐**Technologist Initials:**