

SEVEN OAKS X-RAY CLINIC

106-1750 Main St., Winnipeg MB R2V 1Z7

Phone: (204) 338-3695

Fax: (204) 338-9487

Hours: Monday - Friday

9:00 a.m. - 12:00 p.m. • 1:00 - 5:00 p.m.

Please arrive 15 minutes prior to lunch / closing

First Name:		Gender:	
Last Name:		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Address:		Phone:	
<small>City/Province</small>		<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

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: