

# Medical Arts X-Ray

## Medical Arts Building

270 Charlotte Street, Suite 101, Peterborough, ON K9J 2V4 • Tel: 705-743-7810 • Fax: 705-743-7811

### PATIENT INFORMATION

Patient Name: \_\_\_\_\_ Gender: M \_\_\_\_ F \_\_\_\_

D.O.B. \_\_\_\_\_ Phone # \_\_\_\_\_

Health Card # \_\_\_\_\_ VC \_\_\_\_\_

Address: \_\_\_\_\_

LMP: \_\_\_\_\_ Previous Exam: \_\_\_\_\_

### PHYSICIAN INFORMATION

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Ref Phys #: \_\_\_\_\_

DD/MM/YYYY

Appointment Date

Appointment Time

### CLINICAL HISTORY REQUESTED

STAT

Doctor's Signature

Copy To

### X-RAY

HEAD	R	L	UPPER EXT	R	L	LOWER EXT
Skull			Shoulder			Hip
Facial Bones			Scapula			Femur
Nasal Bones			Clavicle			Knee
Mandible			A C Joints			Tibia-Fibula
Orbits			Humerus			Ankle
<b>ABDOMEN</b>			Elbow			Os Calcis
Plain Film			Forearm			Foot
Acute Series			Wrist			Toes <b>1 2 3 4 5</b>
<b>CHEST</b>			Hand			<b>OTHER:</b>
Chest pa & lateral			Fingers <b>1 2 3 4 5</b>			
Ribs & pa chest <b>L R</b>			<b>SPINE and PELVIS</b>			
Sternum			Cervical			
			Thoracic			
			Lumbar			
			SI Joints			
			Sacrum & Coccyx			
			Pelvis			

#### FOR TECHNOLOGIST USE

Pt. ID: \_\_\_\_\_  
 Lead Used: \_\_\_\_\_  
 Not Preg.: \_\_\_\_\_  
 Tech: \_\_\_\_\_