Medicine Place
DIAGNOSTIC IMAGING

Medicine Place Imaging
13514-97 St NW
Edmonton,AB TSE4E2
xray@medicineplace.ca

Booking: 1-587-287-XRAY (9729)
Fax: 1-587-635-2222

APPT DATE AND TIME

MOBILE X-RAY REQUISITION FORM

Patient Information:

Name

Address

City **Province** **Postal Code**

Home Phone **Other Phone**

DOB DD/MM/YY ☐ **Male** ☐ **Female** **AHC #**

PLACE PATIENT LABEL HERE

Facility Information (Please Print Clearly):

Facility Name **Unit / Room#**

Address

Contact Name **Home Phone** **Fax**

Exam Requested

Indicate Appropriate Order Status:

☐ **STAT (take within 2 hrs)** ☐ **ASAP (within 8 hrs)** ☐ **ROUTINE (within 24 hrs)**

Reason for Exam:

Is the Patient/Client on Isolation? ☐ **Yes** ☐ **No**

Physician (Please Print Clearly):

Physician Name **Prac. ID:**

Street Address

City **Province** **Postal Code**

Phone **Fax**

X-ray Dep't to complete:

Tech Initials **# of Films** **# of Repeat Films**

Technique Used **KVP** **MAS** **Patient Shielded** ☐ **Yes** ☐ **No**

Tech Comments

X-Ray Date/Time