Lennox & Addington County General Hospital

DIAGNOSTIC IMAGING– **XRAY**

Tel: 613-354-3301 x263; Fax: 613-354-4331

Patient Name:

DOB:
HCN:
Address:

Phone/Cell #:

WSIB #:

[Affix patient label here]

Physician Name: _____

Physician Signature: _____

Physician Contact #: _____

Date of Referral: _____

Report Copies To: _____

Message capable Physician phone # to receive same/next exam day urgent results:

_____ **(required)**

. INCOMPLETE or ILLEGIBLE requisitions WILL BE RETURNED and may DELAY THE STUDY .

ALL XRAY EXAMS ARE BY WALK IN

☐ ER Patient in Hospital ☐ ER Patient Sent Home ☐ Inpatient ☐ CVC Outpatient ☐ Outpatient

CLINICAL INDICATION:

CHEST

☐ Chest – Routine
☐ Sternum
☐ S.C. Joints
Ribs ☐ RT ☐ LT

ABDOMEN

☐ Acute Abdomen
☐ KUB/Flat Plate

HEAD & NECK

☐ Orbits for MRI
☐ Skull
☐ Facial Bones
☐ Nasal Bones
☐ Mandible
☐ Soft Tissue Neck

UPPER EXTREMITIES

Clavicle	☐ RT ☐ LT
Shoulder	☐ RT ☐ LT
Scapula	☐ RT ☐ LT
A.C. Joints	☐ RT ☐ LT
Humerus	☐ RT ☐ LT
Elbow	☐ RT ☐ LT
Forearm	☐ RT ☐ LT
Wrist	☐ RT ☐ LT
Scaphoid & Wrist	☐ RT ☐ LT
Hand	☐ RT ☐ LT
Finger 1 2 3 4 5	☐ RT ☐ LT

SKELETAL SURVEY

** Complete CT request
→ Whole Body (Ultra Low Dose)
http://web.lacgh.napanee.on.ca/professionals/lacgh-patient-requisition-forms/

LOWER EXTREMITIES

Femur	☐ RT ☐ LT
Knee	☐ RT ☐ LT
Tibia & Fibula	☐ RT ☐ LT
Ankle	☐ RT ☐ LT
Foot	☐ RT ☐ LT
Calcaneus	☐ RT ☐ LT
Toe 1 2 3 4 5	☐ RT ☐ LT

SPINE & PELVIS

☐ Cervical Spine
☐ Thoracic Spine
☐ Lumbar Spine
☐ S.I. Joints
☐ Pelvis
☐ Sacrum/Coccyx
Hip ☐ RT ☐ LT

Date Received: