



Let us come to you

How to Order a Mobile X-ray/Ultrasound Service

For Private Residences, Retirement Homes, Palliative Care

❖ Step 1:

The Physician/NP must fill out the Ministry of Health **Mobile X-ray/Ultrasound Authorization Form** [see attached] and fax it to the MOH at their Kingston office for approval signature:

MOH Fax # 1-613-548-6734

Keep in mind that mobile service requests will be denied if:

- a) All fields are not completed on the application form.
- b) The referring physician has not signed the form; and/or
- c) The RN/RPNs have signed the application on behalf of the physician.

The Ministry of Health's Health Services Branch will respond to your request within 24 hours. They will fax you back the form but it will be signed and dated by the Ministry that it has been approved.

❖ Step 2:

This form must have **Ministry Approval Signature** before faxing to our office:

StL Toll Free Fax # 1-855-374-3497

❖ Step 3:

Once our office receives the Ministry approved form from you, we will schedule the service.

The Patient location must be wheelchair accessible or have a maximum 2 steps to allow access for x-ray services. This is not necessary for ultrasound services.

Ontario Health Insurance Plan Division
 Health Services Branch
 49 Place d'Armes, 2nd Floor
 Kingston ON K7L 5J3

Division de l'Assurance-santé de l'Ontario
 Direction des services de santé
 2^{ème} étage, 49 Place d'Armes
 Kingston ON K7L 5J3

MOBILE X-RAY/ULTRASOUND AUTHORIZATION FORM

Patient first name:	
Patient last name:	
Health card number:	
Date of birth:	
Physician name:	
Patient's address for mobile service:	
Facility phone number:	
Fax number:	
PERMISSION BEING REQUESTED FOR MOBILE X-RAY/ULTRASOUND FOR:	
Part of body:	
Reason for x-ray/ultrasound:	
Medical reason patient not ambulatory:	
Requesting physician signature:	
	referring physician must sign or request will be denied
Ministry approval/date:	

Completed form MUST BE FAXED to 613-548-6734

Mobile service request **will be denied** if:

- all fields are not completed on this application form;
- the referring physician has not signed the form; and/or
- RN/RPNs have signed the application on behalf of the physician.