



Tri Area Medical Centre
 52 St. Lawrence Street E.,
 Suite 1 (Lower Level)
 Madoc, ON K0K 2K0
Toll Free: 1-800-268-5804
Fax: 1-855-374-3497
www.stlimaging.com

APPOINTMENT DATE

DAY

MO

YEAR

PATIENT INFORMATION

PATIENT'S LAST NAME

PATIENT'S FIRST NAME

SEX

F | M

HEALTH NUMBER

VERSION

DATE OF BIRTH
 DD MM YYYY

ADDRESS

PHONE NO.

X-RAY

CHEST

RIBS

L R

CERVICAL SPINE

THORACIC SPINE

LUMBAR SPINE

SACRUM / COCCYX

SI JOINTS

PELVIS & HIPS

L R

ABDOMEN-VIEWS 1 3

SINUSES

SKULL

FACIAL BONES

NASAL BONES

ORBITS

MANDIBLE

HUMERUS

ELBOW

FOREARM

WRIST

HAND

_____ FINGERS

L R
 L R
 L R
 L R
 L R
 L R

CLAVICLE

SCAPULA

SHOULDER

AC JOINTS

FEMUR

KNEE

TIB-FIB

ANKLE

FOOT

_____ TOE

OTHER _____

L R
 L R
 L R
 L R
 L R
 L R
 L R
 L R
 L R
 L R

*** CLINICAL INFORMATION ***

THIS SECTION MUST BE COMPLETED IN FULL BEFORE EXAMINATION.

REASON FOR EXAMINATION (RELEVANT HISTORY):

REQUISITIONING MEDICAL PRACTITIONER / RNEC & OHIP NO.

PHONE NO.

PHYSICIAN'S / RNEC'S SIGNATURE

DATE

DAY

MO

YEAR

X

Services: StL Diagnostic Imaging
X-ray Services

Location: Tri Area Medical Centre
52 St. Lawrence Street E.,
Suite 1 (Lower Level)
Madoc, ON K0K 2K0

Phone: 1-800-268-5804

Hours of Operation: Monday 11am-1pm
Wednesday 11am-1pm
Friday 11am-1pm

