MCIVOR XRAY CLINIC

13C-1795 Henderson Hwy
Winnipeg, MB R2G 1P3
Phone: 204-339-5197
Fax: 204-338-3275

Clinic Hours: Monday – Friday
8:30 a.m. – 12:30 p.m. • 1:00 p.m. – 4:30 p.m.
Last patient registered at 4:00pm

Patient's Name: _____ Gender: ☐ Male ☐ Female

Address: _____

Postal Code: _____ Phone (Home): _____ (Work): _____

Manitoba Health Reg: _____ PHIN #: _____ Date of Birth: _____
(Required) (Required)

Is the patient pregnant: ☐ Yes ☐ No LNMP _____ /_____ /_____

History of allergies ☐ Yes ☐ No

Previous Imaging _____ Relevant Surgeries _____

PAYMENT AGENCY RESPONSIBILITY
MB Health requires that one of the following boxes be marked by the requisitioning physician at the time the x-rays are ordered:

☐ Manitoba Health ☐ Worker's Compensation Board File #: _____

☐ Third Party Requirements (specify): _____

☐ Other (specify): _____

A medical practitioner when requisitioning x-ray procedures on a requisition form should specify individual and specific x-ray procedures. Additional views, examinations or further x-ray procedures may be performed as medically required. Comparison x-rays are not claimable in addition to the x-ray procedures performed.

Examination (s) Requested: ☐ Chest X-Ray ☐ EKG

Other 1) _____

2) _____

3) _____

Clinical History: _____

_____

_____

Referring Physician: _____ Date: _____

Copy Report To: _____

IF URGENT, PLEASE INDICATE: ☐ Phone Report ☐ Fax Report ☐ Send Images With Patient

Technologist Notes: _____

Number of Images: _____ Tech. Initials: _____

Technical Non-Routine Factors: _____

Reason for Repeats: _____

Patient must present this form at the time of appointment or examination may not be performed.