



## IMAGING REQUEST

- X-ray
- CT Scan (64 Slice CT)
  - CT Colonography
  - CT Angiogram
  - CT Cardiac
  - CT Arthrogram
- Ultrasound
  - Obstetric
  - Musculoskeletal
  - Doppler (Arterial/Venous)
- Mammography +/- Ultrasound
- Bone Mineral Density (QCT)
- Imaging Guided Procedure
  - Injection
  - Biopsy
- OPG/Lat Ceph

**Monday to Friday:**  
**8:00am to 5:30pm**

**Saturday:**  
**8:00am to 1:00pm**

**BULK  
BILLING**

**MULTI-LINGUAL  
STAFF**

Referrer's Signature:

Provider number:

Date:

**Report:**  Urgent  Phone Result  Fax  Email  Deliver  **MORE REQUEST FORMS**