



Bookings Tel: (705) 444-8670

Fax: (705) 445-7593

CGMH is a scent free facility

Patient Name: _____

D.O.B _____ Healthcard# _____

Address _____

Phone # _____ Cell # _____

Mobility Issues: ☐ N / ☐ Y: _____

X-RAY REQUISITION

X-RAY:

☐ Urgent ☐ Routine ☐ Follow up _____

REFERRING HEALTHCARE PROVIDER:

Signature _____

Printed Name _____

Fax # _____

Copy To _____

CLINICAL INFORMATION (mandatory):

**BOOK AN APPOINTMENT
FOR X-RAYS ONLINE
or WALK IN
Monday – Friday
7:30am – 5:00pm**



SPECIAL PROCEDURES: (via Scheduled appointment only)

Fluoroscopy Studies

- ☐ Upper GI Barium Swallow
(30 min) –no food or drink after 8pm the night before
- ☐ GI + Small Bowel Follow Through
(1.5-2hrs) –nothing to eat or drink after 8pm the night before
- ☐ Fistula Assessment:
Location: _____
- ☐ Hysterosalpingogram
Requested date: _____

Musculoskeletal Injections

Please provide specific location for procedure

- ☐ Joint Injection: _____
☐ Cortisone ☐ Monovisc
- ☐ Distention: _____
- ☐ Aspiration: _____
- ☐ Facet Injection:
Level: _____
- ☐ Epidural/Nerve Block Injection: _____

Tech Notes:

Ultrasound-Guided

- ☐ Joint Injection: _____
- ☐ Biopsy: _____