

Veritas Imaging

Inside Smith Clinic X-ray

#1, 6601 – 48 Ave

Camrose, AB

T4V 3G8

Phone 780-608-5883

Fax 780-672-7455



DIAGNOSTIC IMAGING REQUEST FORM

Patient Details:

Name: _____

Date of Birth: _____

Address: _____

Telephone: home () _____

PHN: _____

Sex _____

Are you pregnant? ___ Yes ___ No Date of last Menstrual Period: _____

Do you have: ___ Diabetes ___ Kidney problems ___ Asthma ___ Allergic to X-ray dye?

Physician is requesting: X-ray Ultrasound BMD Mammo

CLINICAL HISTORY

Primary Diagnosis:

Region(s) to be examined:

Previous Treatments / Surgeries

Reasons for examination:

Previous Imaging:

Questions to be answered:

for Urgent cases: _____ phone results ASAP

Copies to: Doctor's Name: _____

Phone/Fax: _____