

Atlas Radiology Consultants

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Winnipeg, MB, Canada R2X 2M4
Phone/Fax: 888.390.RADS (7237)
Phone: (204) 599-3107

Ordering Doctor: _____ Date: _____

Ordering Clinic Information: _____

Address: _____
Street number Suite number

_____ City Province/State Postal Code/Zip

Office Phone Number: (____) _____ Fax Number: (____) _____

Send films/CD to Atlas Radiology for Interpretation

to Dr's office with / without report by mail /courier / with patient

Patient Name: _____

Date of Study: _____

Patient DOB: _____

Age/Sex: _____

Pertinent clinical details/presumptive diagnosis:

Perform spine studies weight bearing

X-Ray Studies Requested

Skull 2 views (PA, lateral)

4 views (PA, lateral, Water's, Towne)

Orbits 2 views (Foreign Body Screen for MRI)

Cervical Spine 3 views (APOM, APLC, Lateral)

Add bilateral oblique

Add flexion/extension

7 view Davis series

Add Swimmer's

Full Spine Scoliosis Study 2 views (AP, Lateral)

Add right/Left lateral bending

Clavicle (2 view) Left Right

Shoulder (2-3 views) Left Right

Humerus (2 view) Left Right

Elbow (2 view) Left Right

Elbow (4 view) Left Right

Forearm (2 views) Left Right

Wrist (2 view) Left Right

Wrist (4 view) Left Right

Ankle (3 view) Left Right

Hand (3 view) Left Right

Finger (3 view ____ digit) Left Right

Special views (please specify):

Thoracic Spine 2 views (AP, Lat)

Add Swimmer's

Lumbar Spine 2 views (AP, Lateral)

Add bilateral oblique

Add flexion/Extension

AP/lateral lumbosacral spot views

Chest 2 views (PA, lateral)

Abdomen 2 views (KUB recumbent/upright)

Pelvis 1 view (AP)

Hips (2 views) Left Right

Femur (2 view) Left Right

Knee (2 view) Left Right

Knee (4 view) Left Right

Leg (2 view) Left Right

Ankle (3 view) Left Right

Foot (3 view) Left Right

Heel (2 view) Left Right

Toe (3 view ____ toe) Left Right