

Atlas Radiology Consultants

Suite #404-1364 McPhillips St
Winnipeg, MB, Canada R2X 2M4
Phone/Fax: 888.390.RADS (7237)
Phone: (204) 599-3107

Ordering Doctor: _____	Date: _____	
Office: _____		
Address: _____		
Street number	Suite number	
_____	_____	
City	Province/State	Postal Code/Zip
Office Phone Number: (____) _____	Fax Number: (____) _____	
Patient Name: _____		Date of Study: _____
Patient DOB (D-M-YR): _____	Age/Sex: _____	
Patient Address for WCB: _____		_____
Type of study:		
Body Region: _____		
<input type="radio"/> Study sent by mail/courier	<input type="radio"/> Study sent to PACS	
Pertinent History:		
Billing <input type="radio"/> MPI/Auto Injury	<input type="radio"/> Worker's Compensation Injury	<input type="radio"/> Self-Pay/Cash
Date of Injury: _____	Claim No.: _____	
History of Surgery/Malignancy in the Region of Interest? _____		
Date/type/treatment: _____		

Pertinent clinical details/specific area clinical concern:		

Request a preliminary report? <input type="radio"/> Fax	<input type="radio"/> Email: _____	

Films may be submitted to:

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