T.G. Paul, MD, R. Mason, MD, H.S. Good, MD, C. Guest, MD, D. Schemmer, MD, M. Baerlocher, MD, R. Grover, MD, N. Lougheed, MD, B. Maghdoori, MD, A. Sidhu, MD, C. Ozimok, MD

GEORGIAN RADIOLOGY CONSULTANTS

CHIROPRACTIC REFERRAL

☐Collingwood - 28 Huron Street, 4th Floor (705) 444 9280
☐Wasaga – 14 Ramblewood Dr. Suite 105 (705) 422 2255
☐Barrie - 11 Lakeside Terrace, Suite LL01 (705) 722 8036
☐Barrie- 480 Huronia Rd., Suite 101 (705) 739 1028
☐Innisfil 7325 Yonge St., Suite 1300 (705) 431 5641

X-Ray Walk-In Service Only

All Locations

PATIENT CLINICAL HISTORY:

☐ Ribs LT RT
☐ Sternum
☐ S C Joints

☐ Cervical Spine
☐ Thoracic Spine
☐ Lumbar Spine
☐ Sacrum/Coccyx
☐ SI Joints

☐ AC Joints (Bilateral)
☐ Clavicle LT RT
☐ Shoulder LT RT
☐ Scapula LT RT
☐ Humerus LT RT
☐ Elbow LT RT
☐ Forearm LT RT
☐ Wrist LT RT
☐ Scaphoid LT RT
☐ Hands LT RT
☐ Fingers LT 1 2 3 4 5 RT 1 2 3 4 5

☐ Pelvis
☐ Hips LT RT
☐ Femur LT RT
☐ Knee LT RT
☐ Knee Standing LT RT
☐ Tibia/Fibula LT RT
☐ Ankle LT RT
☐ Foot LT RT
☐ Os Calcis/Heel
☐ Toes LT 1 2 3 4 5 RT 1 2 3 4 5

Patient Fee

as per the OMA Fee Guide

PATIENT INFORMATION:

Name: _____

Address: _____ City_____

Phone #_____

OHIP # _____

CHIROPRACTOR SIGNATURE:

_____: Signature

_____: Printed Name

_____: Fax #

_____: CC Copy

"This requisition form can be taken to any licensed facility providing health care services including hospitals accepting community referrals and community surgical and diagnostic centres, such as those listed on the website: https://www.ontario.ca/page/community-surgical-and-diagnostic-centres"