Vancouver CoastalHealth

200-221 Esplanade West, North Vancouver, BC V7L1A5
(604) 973-1600   Fax: (604) 924-0406

North Vancouver
Urgent and Primary Care Centre

Diagnostic Imaging Requisition: X-ray

Appointment Date: Time: Location:

SURNAME				FIRST NAME		
ADDRESS		CITY		PROVINCE	POSTAL CODE	
HOME PHONE	CELL PHONE	WORK PHONE		PERSONAL HEATH NUMBER		
DATE OF BIRTH (MM/DD/YYYY)	AGE	SEX	MSP ☐	WCB ☐	ICBC ☐	OTHER ☐

PRIORITY: ☐ ROUTINE ☐ URGENT ☐ STAT	**ENCOUNTER/ACC #:**
ISOLATION CONCERNS: ☐ NONE ☐ AIRBORNE ☐ DROPLET ☐ CONTACT ☐ C DIFFICILE	**PREGNANT:** ☐ NO ☐ YES LMP:

EXAM(s) REQUESTED:	**CLINICAL DETAILS:**

TECH NOTES:	**DATE REQUESTED:**

ORDERING PHYSICIAN	PHONE	FAX
PHYSICIAN'S SIGNATURE	PRACTITIONER NUMBER	
ADDITIONAL COPY OF REPORT TO	PHONE	FAX
ADDITIONAL COPY OF REPORT TO	PHONE	FAX

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SERVICE LOCATION:

Diagnostic Imaging – X-ray

North Van UPCC

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