



Our Radiologists

- Dr. J. Walker
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Request an Appointment Online: www.bluewaterimaging.ca

Please arrive 15 minutes prior to the appointment and bring this REQUISITION and your HEALTH CARD with you.

SEE MAPS & PREPARATION INSTRUCTIONS ON THE BACK ->

PATIENT INFORMATION

APPOINTMENT Date / Time

Last Name: First Name: Address: City: Postal: Date of Birth: Sex: Phone/Cell: Health Card #:

Appt. Date: Appt. Day: Appt. Time: Please provide 24 hours notice of cancellation.

ULTRASOUND

Port Hope Clinic Only Doppler Vascular
General
Obstetrical
256 Musculoskeletal

X-RAY

Port Hope Clinic Only: (By Appointment)
Mammography
Bone Densitometry
Head & Neck
Chest
Lower Extremities
Spine & Pelvis
Abdomen
Upper Extremities
Skeletal Survey
Pregnant

Relevant History, Physical Findings, and Provisional Diagnosis
Referring Physician
STAT
VERBAL
Doctor's Name, Signature, OHIP Provider ID, Phone, Fax, Date Issued, Address, Copy to:

For Office Use Only
Patient ID:
Accession #:
H/C MD Billings PACS Scan