

North Shore Medical Imaging

MRI | X-Ray | Mammography | Ultrasound | Bone Density

North Vancouver

Head Office
139 West 16th Street
North Vancouver, BC
V7M 1T3
Tel: 604 987 9729

West Vancouver

Hollyburn Medical Centre
110 - 575 16th Street
West Vancouver, BC
V7V 4Y1
Fax: 604 984 8395

Squamish

Downtown Squamish
38117 2nd Ave
Squamish, BC
V8B 0B9
www.nsmi.ca

X-RAY REQUISITION

To book an appointment, please call: 604 987 9729. We require your BC CareCard number at this time.
Please present your requisition and BC CareCard to the receptionist when you arrive for your examination.

Dr: _____ Billing #: _____ Date: _____

Clinic: _____

Additional copy to: _____

Patient Name Last: _____ First: _____

Address: _____ Postal Code: _____

Phone: _____ Email Address: _____

Date of Birth: (dd/mm/yy) _____ ☐ Male ☐ Female

Personal Health Number (BC CareCard): _____

APPOINTMENT: Date: _____ Time: _____

X-RAY EXAMINATION REQUESTED:

HISTORY AND CLINICAL FINDINGS:

Doctor stamp

Clinic stamp

YOUR X-RAY APPOINTMENT

Please present your requisition and BC CareCard upon arrival.

After your x-ray appointment

A radiologist will interpret the images and send a report to your doctor or specialist. Your doctor or specialist will discuss the results of the exam with you.

