

**SASKATOON MEDICAL IMAGING
& WOMEN'S IMAGING CENTRE**

3 - 3110 8th STREET EAST (BEDFORD SHOPPING SQUARE)
SASKATOON, SK S7H 0W2

TELEPHONE: 477-1000 FAX: 477-1071
HOURS: 7:30 AM - 5:00 PM (MONDAY - FRIDAY)
<http://saskatoonmedicalimaging.ca>

Dr. H. Irving
Dr. B. Chappell
UMIC (University Medical Imaging Consultants)

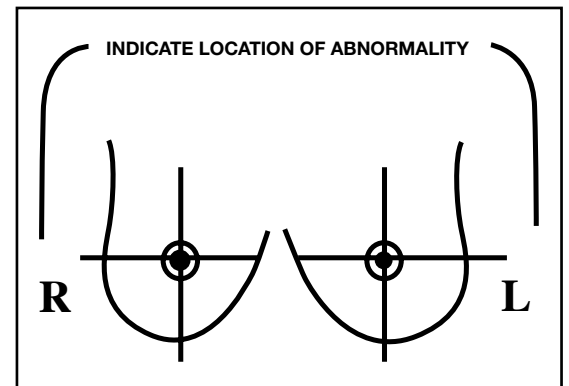
BRING THIS REQUISITION TO YOUR APPOINTMENT

EXAM REQUESTED (PLEASE PRINT LEGIBLY)

PREGNANT: Yes No LMP _____

REFERRING DOCTOR

CLINICAL:



DOCTOR SIGNATURE: _____ CC: _____

Please complete if urgent notification is required: FAX REPORT: _____

PHONE REPORT: _____

PATIENT INFORMATION **BRING THIS REQUISITION TO YOUR APPOINTMENT**

APPOINTMENT DATE/TIME: _____

NAME: _____ D.O.B (dd/mm/yy): _____

ADDRESS: _____ SHSP: _____

_____ MALE _____ FEMALE _____

HOME PHONE: _____ WORK/CELL PHONE _____

PREPARATION INSTRUCTIONS ON REVERSE SIDE

(PLEASE CALL IF YOU HAVE ANY QUESTIONS)