

X-RAY ASSOCIATES

www.xrayassociates.org

Aurora

125 Pederson Drive, Unit 3,4,5,
Aurora, ON L4G0E3
T: 905 751- 1500
F: 905 751 -1505

Newmarket

679 Davis Drive, Suite 104
Newmarket, ON L3Y5G8
T: 905 895 -1313
F: 905 895- 6231

Harding

250 Harding Blvd. W., Suite B02
Richmond Hill, ON L4C9M7
T: 905 737- 0595
F: 905 737- 7538

Vaughan

955 Major MacKenzie Dr. #102
Vaughan, ON L6A 4P9
T: 289 553-6336
F: 289 553-6339

Date: _____

Referring Physician: _____

X-Ray Associates is committed to excellence. Our experienced and dedicated staff offers the highest quality of medical imaging in a friendly and patient focused environment. To assist us, and to prevent undue delays in your patient's care, please ensure that all requisitions have the information listed below.

Please note that the Ministry of Health and the College of Medical Radiation Technologists of Ontario, (CMRTO), prohibits us from imaging any patient whose requisition does not contain the appropriate information listed below.

Patient's name

Date of order

Doctor's signature

Clear indication of Imaging required

Clinical indication for procedure

A check in the above box(s) indicates missing information to begin the patient's exam. To prevent further delay with your patient, please fax back the completed requisition to the office circled above .

Thank you for your immediate cooperation and assistance.

Marlene McCarthy,
General Manager