



ASSOCIATED RADIOLOGISTS LLP
www.saskradiology.ca



Driving direction maps for our clinics are available at
www.saskradiology.ca

TAKE THIS FORM TO ONE OF OUR (3) CLINICS:

Wall Street Medical Building

300 - 140 Wall Street (3rd Floor)
Saskatoon SK S7K 1N4
Telephone (306) 244-1167
Fax (306) 244-1349

Office Hours:

Monday - Friday 8:30 am - 11:55 am
(closed from noon - 1:00 pm)
1:00 pm - 4:55 pm

College Park Mall

310 - 3907 8th Street East
Saskatoon SK S7H 5M7
Telephone (306) 986-1083
Fax (306) 986-1087

Office Hours:

Monday - Friday 8:30 am - 11:55 am
(closed from noon - 1:00 pm)
1:00 pm - 4:55 pm

Ludlow Street Clinic

108 - 311 Ludlow Street (Point 9 Building)
Saskatoon SK S7S 1N6
Telephone (306) 974-4950
Fax (306) 974-4953

Office Hours:

Monday - Friday 8:30 am - 11:55 am
(closed from noon - 1:00 pm)
1:00 pm - 4:55 pm

THIS FORM MUST BE PRESENTED AT THE TIME OF EXAM

Patient Information:

Mr. Mrs. Ms. _____
PATIENT'S NAME (PLEASE PRINT)

Address: _____ Phone: _____

SHSP: _____ Birth Date: _____
NUMBER DAY / MONTH / YEAR

WCB (or other): _____
PAYMENT RESPONSIBILITY (PLEASE PRINT)

Radiological Examination of:

Pertinent Clinical Information:

Is there any chance that you may be pregnant? Yes No

DOCTOR'S SIGNATURE REQUIRED

BEFORE EXAMINATION WILL BE DONE

DOCTOR'S SIGNATURE

PRINT NAME

FOR OFFICE USE ONLY

Tech Notes:

_____ 35 x 43 (14 x 17)

_____ 30 x 35 (11 x 14)

_____ 24 x 30 (10 x 12)

_____ 18 x 43 (7 x 17)

_____ 8 x 10

_____ Tech