

X-RAY REFERRAL FORM



**VANCOUVER
HIP INSTITUTE**

Date: _____

VHI has a standardized series of radiographs that **must** be obtained prior to referral. The clinics listed below have radiology technicians familiar with the required series of images. We have access to the images from these facilities online for triage purposes.

X-rays Must Be Obtained At One Of These Locations:

Facilities:

1. West Coast Medical Imaging Vancouver
2. West Coast Medical Imaging Victoria
3. North Shore Medical Imaging

Hospitals:

1. Eagle Ridge Hospital
2. Royal Columbian Hospital
3. St Paul's Hospital
4. UBC Hospital

If you live outside Metro Vancouver or Victoria please have your X-rays performed at a hospital facility.

Dr: _____ Billing Number: _____

Patient Information:

Last Name: _____ First Name: _____

Address: _____ PHN: _____

Phone: _____ Date of Birth: _____

X-Ray Examination Requested:

All Of The Following Are Required:

1. Standing AP Pelvis
2. Modified Dunn View (45 degree hip flexion, 20 degree abduction)
3. False Profile View

Additional Imaging:

- Supine AP Pelvis
- Cross Table Lateral
- Other: _____

History And Clinical Findings:

Doctors Signature: _____