

Name: _____ DOB: _____

Address: _____

Phone: _____

Health Card Number: _____

☐ **CONSULTATION REPORT REQUIRED**

Doctor's Signature: _____ Date: _____

CERVICAL SPINE

A.P
A.P. – Open mouth
Oblique
Lateral (Neutral)

THORACIC SPINE

A.P
Lateral
SPOT (Swimmers)

LUMBAR SPINE

A.P. – 14 x 17
Oblique
Lateral – 7 X 17 or 14 x 17
SPOT L5

PELVIS

ADDITIONAL SPECIAL VIEWS

PELVIS

KNEE

SHOULDER

Internal Rotation
External Rotation
Lateral

OTHER: _____

Greater Toronto Area Clinics

SCARBOROUGH - 1780 Markham Road, Unit 5	T: 416-291-4770	F: 416-291-9702
THORNHILL – 7330 Yonge Street, Suite 206	T: 905-889-5926	F: 905-881-6284
TORONTO – 1849 Yonge Street, Lower Level	T: 416-485-9155	F: 416-485-9532

Waterloo Region Clinics

CAMBRIDGE – 350 Conestoga Blvd, Unit B9	T: 519-623-9464	F: 519-623-6736
CAMBRIDGE - 745 Coronation Blvd, Unit 103	T: 519-623-6060	F: 519-623-2947
KITCHENER – 751 Victoria Street S, Suite B2	T: 519-742-2636	F: 519-742-9717
KITCHENER – 385 Fairway Street South	T: 519-748-6844	F: 519-748-5306
WATERLOO – 65 University Ave East	T: 519-746-3457	F: 519-886-8212
WATERLOO – 430 The Boardwalk, Suite 108	T: 519-576-8760	F: 226-215-3183