



# DOWNTOWN RADIOLOGY / IMMLABS

IMMIGRATION CHEST X-RAY / IMMIGRATION LABORATORY

EXPRESS IMMIGRATION X-RAY

EXPRESS IMMIGRATION LABORATORY

*Vancouver - Coquitlam - Richmond*

## PATIENT INFORMATION:

Name: \_\_\_\_\_

☐ Male ☐ Female

Date of Birth: M/ \_\_\_\_\_ D/ \_\_\_\_\_ Y/ \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

MSP#: \_\_\_\_\_

☐ CUAET ☐ PRIVATE ☐ ACCOUNT ☐ OTHER

IME / UMI #: \_\_\_\_\_

Ordering Physician: \_\_\_\_\_

Signature: \_\_\_\_\_

Billing #: \_\_\_\_\_

FAX: (833)377-0452

## X-RAY EXAMINATION

☐ IMMIGRATION CHEST X-RAY

## LABORATORY REQUEST

☐ HIV & SYPHILIS & CREATNINE

Downtown Radiology - EXPRESS MEDICAL IMAGING

EXPRESS Lab: IMMLABS

Hours of Operation: