

# Atlas Radiology Consultants

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Ordering Doctor: \_\_\_\_\_ Date: \_\_\_\_\_

Ordering Clinic: \_\_\_\_\_

Address: \_\_\_\_\_  
Street number Suite number

\_\_\_\_\_ City Province/State Postal Code/Zip

Office Phone Number: (\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_

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

Patient DOB: \_\_\_\_\_ Age/Sex: \_\_\_\_\_

PHIN: \_\_\_\_\_ MHSC#: \_\_\_\_\_

Pertinent clinical details/presumptive diagnosis:  
\_\_\_\_\_

Prior imaging (xray, CT, MRI, US, other):  Prior imaging sent to and reported by to Atlas Radiology  
 Prior images/reports sent to Atlas Radiology for comparison

**US Studies Requested (please check if applicable)**  Left  Right  Bilateral

Complete Scan  Shoulder  Elbow  Wrist  
 Hip  Knee  Ankle

Focused Scans

Shoulder  Acromioclavicular  Sternoclavicular

Elbow  Distal biceps  Lateral  Medial

Hand/Wrist  Trigger finger  Ganglion

Rib  Level \_\_\_\_\_

Trunk  Abdominal Muscle  Pubic Symphysis

Hip  Anterior  Lateral/gluteal/ITB/trochanter

Thigh  Quadriceps  Hamstring

Knee  Anterior (patella/quad)  Medial  Lateral

Posterior calf

Ankle/foot  Achilles'  Medial ankle  Lateral ankle  Heel/Plantar foot

Toe/finger  Focused (neuroma/bursitis/trauma/ganglion) Digit \_\_\_\_\_

Nerve  Ulnar nerve  Carpal tunnel  Sciatic N

Other soft tissue  Location \_\_\_\_\_

Rheumatology screen (list up to 4 body regions)

Additional Comments: -  
\_\_\_\_\_



Scheduling: <https://atlasrad.com/msk-ultrasound.html>



More details: