MSP billing number: 99996

Provincial Health Services Authority
Province-wide solutions. Better health.

Chest X-Ray Requisition

Patient Information

Name: _____ DOB: _____

PHN: _____ Phone: _____

Address: _____

Date _____
YYYY/MM/DD

Additional Copies to:

_____

_____

_____

_____

Chest X-Ray Exam Reason

- **Exam Requested: Chest**
  - ☐ Posterior anterior (PA) ☐ Lateral ☐ Other, Specify: _____
- **Exam Reason:**
  - ☐ TB Contact
  - ☐ TB Screening
  - ☐ Rule Out Active TB
    - ☐ Symptoms
  - ☐ Repeat CXR
    - ☐ On Treatment
      - ☐ Active
      - ☐ Latent
    - ☐ End of Treatment
      - ☐ Active
      - ☐ Latent
    - ☐ Surveillance
      - ☐ Immigration
      - ☐ Other, Specify: _____

Respiratory Precautions Required: ☐ **YES** ☐ **NO**

For Radiology Use Only

_____

_____

BC CENTRE FOR DISEASE CONTROL TUBERCULOSIS SERVICES

655 West 12th Avenue
Vancouver, BC
V5Z 4R4

Billing Instructions

If PHN not valid:

☐ Bill Client

☐ Bill TB Services

BC Centre for Disease Control · First Nations Health Authority · fraserhealth · Interior Health · island health · northern health · Vancouver CoastalHealth