



## MOBILE X-RAY, MOBILE GENERAL AND VASCULAR ULTRASOUND

### TO ORDER A MOBILE X-RAY, MOBILE GENERAL, AND VASCULAR ULTRASOUND YOU NEED TO FOLLOW THESE THREE STEPS

#### ▪ **STEP#01:**

The physician/NP must fill out the Ministry of Health Mobile X-RAY/ULTRASOUND Authorization form [see attached] and fax it to the MOH at their Kingston Office for approval signature

**MOH FAX# 1-613-548-6734**

**NOTE: Mobile service will be denied if:**

- All fields are not completed on the application form
- The referring physician has not signed the form; and/or
- The RN/ RPNs have signed the application on behalf of the physician

The Ministry of Health's health service branch will respond to your request within 24 hours. They will fax you back but it will be signed and dated by the Ministry that it has been approved.

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#### ▪ **STEP#02:**

This form must have a Ministry Approval signature before faxing to our office.

**WMMII FAX# 1-888-250-3235**

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#### ▪ **STEP#03:**

**Once our Office receives your Ministry Approved form, we will schedule the service.**

Ministry of Health

Ontario Health Insurance Plan Division  
Health Services Branch  
49 Place d'Armes, 2<sup>nd</sup> Floor  
Kingston ON K7L 5J3

Ministère de la Santé

Division de l'Assurance-santé de l'Ontario  
Direction des services de santé  
2<sup>ème</sup> étage, 49 Place d'Armes  
Kingston ON K7L 5J3



**MOBILE X-RAY/ULTRASOUND AUTHORIZATION FORM**

<b>Patient first name:</b>	
<b>Patient last name:</b>	
<b>Health card number:</b>	
<b>Date of birth:</b>	
<b>Physician name:</b>	
<b>Patient's address for mobile service:</b>	
<b>Facility phone number:</b>	extension
<b>Fax number:</b>	
<b>PERMISSION BEING REQUESTED FOR MOBILE X-RAY/ULTRASOUND FOR:</b>	
<b>Part of body:</b>	
<b>Reason for x-ray/ultrasound:</b>	
<b>Medical reason patient not ambulatory:</b>	
<b>Requesting physician signature:</b>	referring physician must sign or request will be denied
<b>Ministry approval/date:</b>	

**Completed form MUST BE FAXED to 613-548-6734**

Mobile service request **will be denied** if:

- all fields are not completed on this application form;
- the referring physician has not signed the form; and/or
- RN/RPNs have signed the application on behalf of the physician.

CLEAR FORM

PRINT

October 1, 2019