WMMI INC.
WESTMINSTER MOBILE MEDICAL IMAGING

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 Isee 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.

STEP#02:

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

WMMI FAX# 1-888-250-3235

STEP#03:

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

Web: www.wmmii.ca | Tel: 519-601-3007 | Fax# 1-888-250-3235

Ontario, Canada

Ministry of Health

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

Ministère de la Santé

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

MOBILE X-RAY/ULTRASOUND AUTHORIZATION FORM

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

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