



C.W. WIEBE MEDICAL

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SOUTHERN ORTHOPEDIC REFERRALS

In order to arrange a referral with one of our orthopedic surgeons, please include the following information with the referral letter:

<p>Ankle</p> <p>___ X-ray views: AP and lateral Mortis view</p> <p>___ Image on disc to follow</p>	<p>Knee</p> <p>___ X-ray views: Standing AP, lateral knee and Skyline pattern, AP pelvis</p> <p>___ MRI if available</p> <p>___ Image on disc to follow</p>
<p>Elbow</p> <p>___ X-ray views: AP and lateral</p> <p>___ Image on disc to follow</p>	<p>Shoulder</p> <p>___ X-ray views: AP lateral and axial view</p> <p>___ MRI if available</p> <p>___ Image on disc to follow</p>
<p>Foot</p> <p>___ X-ray views: Standing AP, lateral and oblique</p> <p>___ Image on disc to follow</p>	<p>Wrist</p> <p>___ X-ray views: AP, lateral and oblique (For Carpal Tunnel include tangential tunnel view)</p> <p>___ Image on disc to follow</p>
<p>Hip Pain</p> <p>___ X-ray views: AP pelvis, Standing AP, Lateral</p> <p>___ Image on disc to follow</p>	

Please **fax** the above information **including** this checked referral list to:

Attn: Orthopedic Surgery Department at 204-325-4594

An appointment will be made once all the information is received.

If you have any questions please call us directly at 204-331-2339 ext. 3291. Thank you.