C.W. WIEBE MEDICAL
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SOUTHERN ORTHOPEDIC REFERRALS

To arrange a referral with one of our orthopedic surgeons, please include the following imaging and information with your referral letter.
Please include the BMI in all referral letters.

ANKLE

- ☐ X-ray: AP and lateral views
- ☐ Mortise view
- ☐ MRI, if available
- ☐ Images on disc to follow

KNEE

- ☐ X-ray: Standing AP, lateral knee and Skyline views
- ☐ MRI, if available
- ☐ Images on disc to follow

ELBOW

- ☐ X-ray: AP and lateral views
- ☐ MRI, if available
- ☐ Images on disc to follow

SHOULDER

- ☐ X-ray: AP, lateral and axial views
- ☐ MRI, if available
- ☐ Images on disc to follow

FOOT

- ☐ X-ray: Standing AP, lateral and oblique views
- ☐ Images on disc to follow

WRIST

- ☐ X-ray: AP, lateral and oblique views
- ☐ For carpal tunnel, include tangential tunnel view
- ☐ Images on disc to follow

HIP PAIN

- ☐ X-ray: AP pelvis, standing AP and lateral views
- ☐ Images on disc to follow

REFERRAL SUBMISSION

Please fax the above information, including this completed referral checklist, to:

ATTN: ORTHOPEDIC SURGERY DEPARTMENT
FAX: 204-325-4594

An appointment will be arranged once all required information has been received.
Questions? Call 204-331-2302. Thank you.