



Ontario

Ministry of  
Community and  
Social Services

Mental Retardation  
Facilities

203 of 672

X-RAY  
REQUISITION AND REPORT

ORIGINAL - FILE

Casebook No. [redacted] .....  
Ward or Unit TV 1 .....  
Date of Birth 8/9/61 .....  
Date Nov. 10, 1983 .....

Name [redacted] Facility HRC Orillia

REQUISITION

Area to be X-rayed: Left Foot (Four Views)

Reason for X-ray: Injury causing swelling and bruising.

Original Signed by [redacted] M.D.  
Signature

REPORT

Date Nov. 10, 1983.....

Film No. 1149.....

There is a transverse fracture through the base of the  
5th metatarsal bone without significant displacement.  
No other fracture identified.

Joint spaces are maintained.

/cn

[redacted] Radiologist. M.D.