

Patient Information

Name: _____

Health Card #: _____ V.C. ____ Sex: ____

Cell Phone: _____ DOB: _____
(DD/MM/YYYY)

Address: _____

Physician Information

Referring Physician: _____

Billing #: _____

Phone #: _____ Fax #: _____

Address: _____

cc Physicians: _____

Physician Signature: _____

Clinical Information *(Required)*

Stat Verbal Contact # _____

Technologist Notes / Office Reference

Lead shield used: _____ Tech Initial: _____

ULTRASOUND (Call/visit for appointment)

Obstetrical

OB Dating (<16 wks)

NT / IPS (11-14 wks)

Dual scan series:
 NT Scan (11-14 wks);
 Anatomical (18-20 wks)

OB Anatomy (18-20 wks)

OB Growth (>20 wks)

Biophysical Profile (BPP)

OB Twins

Abdomen

Complete

Limited

AAA screening

Kidneys/Prostate &
 Urinary Bladder

Abdominal wall

Other _____

Pelvis

Female Pelvis
(Includes transvaginal unless contraindicated)

Male Pelvis

Prostate

Transrectal

Pre/post void

Small Parts

Thyroid

Neck

Soft tissue/Lump

Testes/Scrotum

R L Groin

Muskuloskeletal

R L Shoulder

R L Elbow

R L Arm

R L Wrist/Hand

R L Hip

R L Thigh

R L Hamstring

R L Knee

R L Calf

R L Ankle/Foot

R L Achilles Tendon

R L Plantar Fascia

Breast

R L Breast

VASCULAR (Call/visit for appointment)

Venous

R L Venous Leg

Venous Reflux

DVT

R L Venous Arm

Arterial

R L Arterial Leg

R L Arterial Arm

Carotid

Carotids

APPOINTMENT

Date: _____

Time: _____

Please arrive 10 minutes early to get checked in. You may have to be rebooked if you arrive late. Arrive with health card and requisition.

X-RAY (Walk-in for X-ray only) *Last X-ray patient will be taken half an hour before closing time.*

Chest

Chest

Chest Visa

R L Ribs

Sternum

Sternoclavicular Jts

Thoracic Inlet

Abdomen

Plain Film (KUB)

Acute (2 views)

Head and Neck

Skull

Sinuses

Adenoids

Soft Tissues of Neck

Mastoids

Facial Bones

Nasal Bones

Orbits

Mandible

T.M. Joints

Spine and Pelvis

Cervical Spine

Thoracic Spine

Lumbo-Sacral Spine

Scoliosis Series

lat. spine for osteoporosis

Sacrum

Coccyx

S.I. Joints

Pelvis

Pelvis and Hips

Upper Extremities

R L Shoulder

R L Clavicle

R L AC Joints

R L Scapula

R L Humerus

R L Elbow

R L Forearm

R L Wrist

R L Hand

R L Fingers

Digit

1 2 3 4 5

Lower Extremities

R L Hips

R L Femur

R L knee

R L Tibia & Fibula

R L Ankle

R L Foot

R L Calcaneus

R L Toes

Digit

1 2 3 4 5

Skeletal Survey Arthritic Series Metastatic Series

I declare to the best of my knowledge that I am NOT presently pregnant _____
 (for X-ray patients) *Patient Signature*

ULTRASOUND PREPARATIONS

Abdomen

An empty stomach is required. Don't eat or drink anything for 10 hours prior to your exam. You may drink water only.

Pelvis or Transvaginal

A full bladder is required. Finish drinking 1 liter (4-5 glasses) of water an hour before your appointment. Do not void until the examination is done.

Obstetrical

A full bladder is required. Finish drinking 1 liter (4-5 glasses) of water an hour before your appointment. Do not void until the examination is done. Eat or drink something sweet before the exam.

Abdomen and Pelvis

Do not eat or drink anything for 10 hours prior to the examination. However, finish drinking a liter of water an hour before your appointment. Do not void as a full bladder is required.

Prostate Study

A full bladder is required. Finish drinking 1 liter (4-5 glasses) of water an hour before your appointment. Do not void until the examination is done.

Transrectal Study

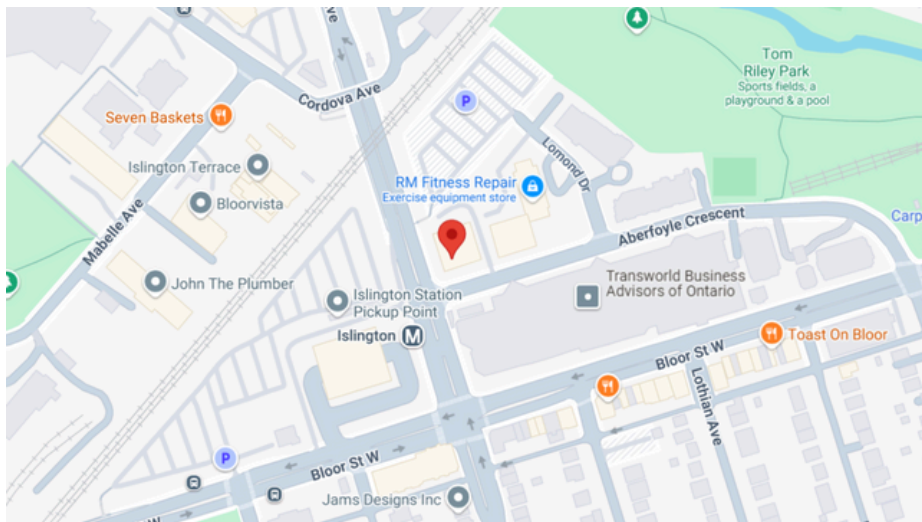
Take a Dulcolax suppository 3 hours prior to your appointment. 30 minutes after taking the suppository, you may go to the bathroom. Then follow instructions for prostate exam.

IMPORTANT GENERAL INSTRUCTIONS

- **Gender preference for staff** - ask us when booking
- **Cancelling appointment** - let us know a day in advance
- **Medications** - continue any medications as usual, unless told otherwise
- **Pregnancy status (for X-ray patients)** - tell us before your X-ray

PREPARATION

- may need to change patient into a gown depending on the procedure
- make sure any accessories within the area of interest for the X-ray can be easily removed, if possible
- for children, elderly, weak, or special situations, check with us



Located in suite 603 at 1243 Islington Avenue (at the corner of Islington and Aberfoyle).

Paid parking is available.

★ **BRING THIS REQUISITION TO YOUR APPOINTMENT!** ★

This requisition form can be taken to any licensed facility providing healthcare services, including hospitals and IHFs, such as those listed on the IHF Program website: <https://www.health.gov.on.ca/en/public/programs/ihf/facilities.aspx>