

**PATIENT INFORMATION**

Last Name : \_\_\_\_\_ First Name : \_\_\_\_\_ Sex :  M  F

Tel : \_\_\_\_\_ Address : \_\_\_\_\_ Date : \_\_\_\_\_

Health Card Number	Version	Date of Birth
		YY MM DD

**REQUEST FOR STAT CASE**

Verbal/Tel : \_\_\_\_\_ Fax : \_\_\_\_\_  WSIB

**CLINICAL INFORMATION**

Date LMP : \_\_\_\_\_

**ULTRASOUND** By Appointment Only

**GENERAL**

- Abdomen
- Limited Abdomen
- Abdomen / Male Pelvis
- Female Pelvis / Transvaginal
- Female Pelvis transabdominal
- Transvaginal
- Male Pelvis
- KUB (only Kidneys & Bladder)

**SMALL PARTS**

- Thyroid
- Neck
- Sub Mandibular Glands
- Parotid Glands
- Testes / Scrotum
- Groin
- Hernia - Side \_\_\_\_\_
- Soft Tissue / Lump
- Others \_\_\_\_\_

**MUSCULOSKELETAL**

- R  L Shoulder
- R  L Arm
- R  L Elbow
- R  L Forearm
- R  L Wrist & Hands
- R  L Hip joint
- R  L Lumbar sacral
- R  L Cervical Region
- R  L Thoracic Region
- R  L Thigh
- R  L Knee  R  L Popliteal Fossa
- R  L Calf
- R  L Foot  R  L Ankle
- R  L Achilles Tendon
- R  L Plantar Fascia
- R  L Gluteal Region

**VASCULAR**

(By Appointment)

- Carotid Doppler
- R  L  B Lower Limb Arterial Dop
- R  L  B Lower Limb Venous Dop

**OBSTETRICAL**

- Early OBS / Dating (<16 wks)
- IPS / NT (11-13 wks)
- Anatomical Scan (18-20 wks)
- 2ND / 3RD Trimester
- High Risk Pregnancy
- Biophysical Profile (BPP)

**MAMMOGRAPHY**

- Right  Left  Both
- Screening  Palp Mass
- Implants

**BREAST ULTRASOUND**

- Right  Left  Both

Previous Exam  Yes  No  
Date : \_\_\_\_\_ Location : \_\_\_\_\_

**BONE DENSITY**

(By Appointment)

- 1st Baseline BMD
- Low Risk (2nd test - 36 months)
- Low Risk (3rd test - 60 months)
- High Risk (once every 12 months)

Previous Exam  Yes  No

Date : \_\_\_\_\_ Location : \_\_\_\_\_

**X-RAY**

Before ordering X-Rays, make sure female patients are not pregnant.

**CHEST**

- Chest P.A. & Lateral
- Chest P.A.
- Ribs  R  L
- Sternum

**ABDOMEN**

- Single View
- Two or More Views

**UPPER EXTREMITIES**

- Clavicle  R  L
- A-C Joints  R  L
- S-C Joints  R  L
- Shoulder  R  L
- Scapula  R  L
- Humerus  R  L
- Elbow  R  L
- Forearm  R  L
- Wrist  R  L
- Scaphoid  R  L
- Hand  R  L
- Wrist & Hand  R  L
- Finger & Thumb  R  L

**LOWER EXTREMITIES**

- Hip  R  L
- Femur  R  L
- Knee  R  L
- Tibia & Fibula  R  L
- Ankle  R  L
- Calcaneus  R  L
- Foot  R  L
- Toe  R  L



**HEAD & NECK**

- Skull
- Facial Bones
- Nose
- Mandible
- TM Joints
- Sinuses
- Neck, Soft Tissue
- Pre MRI Orbits

**SPINE AND PELVIS**

- Cervical Spine
- Thoracic Spine
- Lumbosacral Spine
- Sacrum & Coccyx
- Scoliosis Series
- Pelvis
- Sacro-Iliac Joints
- Other \_\_\_\_\_

**PREGNANCY RELEASE FORMS**

I declare, to the best of my knowledge that I'm not presently pregnant.

Signature \_\_\_\_\_

Referring Physician : \_\_\_\_\_ CC : \_\_\_\_\_ Billing #: \_\_\_\_\_

Map & Preparation on reverse

## APPOINTMENT

Date : \_\_\_\_\_ Time : \_\_\_\_\_

## ULTRASOUND PREPARATION

- ABDOMINAL, GALLBLADDER, KIDNEY, OR ABDOMINAL AORTA ULTRASOUND**  
A FAT FREE dinner the night before. Nothing to EAT or DRINK (NO WATER) 4 hours prior to the examination. DO NOT smoke or chew gum. MEDICATION: Can be taken with a sip of water.
- PELVIS OR OBSTETRICAL ULTRASOUND**  
A FULL BLADDER is very important for this examination. Please start drinking 3-4 glasses of WATER (1L) 1½ hours prior to appointment and finish drinking 1 hour before appointment. DO NOT empty bladder after drinking. You may eat normally the day of the examination.
- ABDOMINAL AND PELVIS ULTRASOUND (TOGETHER)**  
A FAT FREE dinner the night before. Nothing to EAT 4 hours prior to examination. DO NOT smoke or chew gum. A FULL BLADDER is very important for this examination. Please start drinking 3-4 glasses of WATER (1L) 1½ hours prior to appointment and finish drinking 1 hour before appointment. DO NOT empty bladder after drinking.  
MEDICATION: Can be taken with a sip of water.
- MAMMOGRAPHY**  
Please do not use deodorant, antiperspirant or talcum before the examination. Stay on a caffeine-free diet to minimize discomfort of compression required for optimal examination. If you are experiencing premenstrual breast tenderness, you may delay appointment until tenderness has subsided. If you have had breast imaging at a different facility, please try to bring the images with you to your schedule appointment.
- BONE MINERAL DENSITOMETRY (BMD)**  
Do not take any vitamin pills or mineral supplements 24 hours prior to your exam.

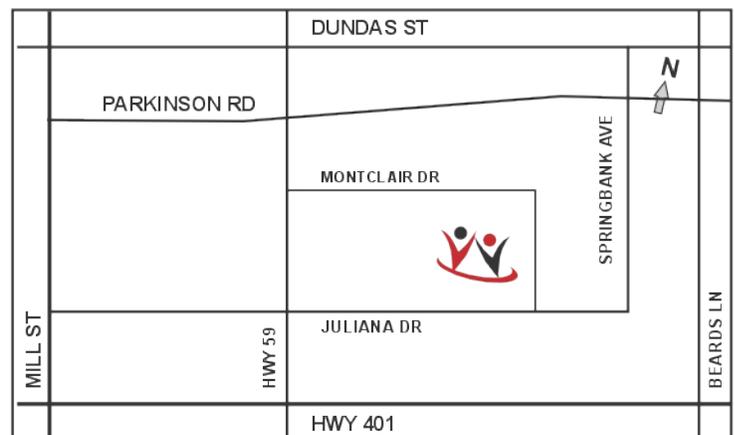
**HOURS OF OPERATION**  
**MONDAY - THURSDAY: 8AM - 5PM**  
**FRIDAY: 8AM - 4PM**  
**SATURDAY: (By Appointment only)**  
**LUNCH: 1-1:30PM**

## NO PREPARATION NECESSARY

- THYROID/EXTREMITIES/BREAST/VASCULAR/MUSCULOSKELETAL**



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**PLEASE BRING THIS REQUISITION AND YOUR VALID HEALTH CARD - All Cancellations must be made 24 Hours in Advance**