<u>Humber Dalley</u>	Humber Valley Imaging		ial: PB Used: Image #: ie:
EST. 1986	www.humbervalleyimaging.com		
PATIENT'S NAME		APPOINTMEN	T TIME
CLINICAL INFORMATION			
${\rm O}$ STAT EXAMINATION		► CL	INIC USE ONLY, AFFIX LABEL HERE BREAST IMAGING
DIGITAL X-RAY E	EXAMINATIONS (No)	Appointment)	(By Appointment only)
ABDOMEN Single Acute HEAD & NECK Neck for Soft Tissues Adenoids Skull Sella Turcica Sinuses Facial Bones Nasal Bones Nasal Bones Mandible T.M. Joints Mastoids Orbits CHEST Chest (PA & LAT) Chest PA Ribs Sterno Clavicular Jts. Sternum	SPINE & PELVIS Cervical Spine Dorsal Spine Lumbar Spine Sacrum / Coccyx S.I. joints Pelvis Pelvis & Hips Pelvis & S.I. Joints Scoliosis Series Bone Age LOWER EXTREMITIES R O Hip O Femur O O Hip O Hip O Scoliosis Brenur O O Hip O O O Hip O O O O O O Structure O O O D O D Structure O O Structure O O	UPPER EXTREMITIES L R B C Clavicle A C Joints Shoulder C Scapula C Humerus C Elbow C Elbow C Elbow C Forearm C C Forearm C	 Contario breast screening program a cancer care ontario program Please see reverse for locations DIGITAL MAMMOGRAM OLOROB NTARIO BREAST SCREENING (OBSP) OLOROB CONE COMPRESSION/MAG OLOROB BREAST ULTRASOUND OLOROB BREAST IMPLANTS OLOROB BREAST IMPLANTS OLOROB Base Line O Routine Exam O High Risk
DIGITAL ULTRASOUND EXAMINATIONS (By Appointment Only, Female Technologists Available)			
 ABDOMEN FEMALE PELVIS Follicular Monitoring (fertility) Transabdominal Transvaginal Both PROSTATE Transabdominal Transcabdominal Both Kidneys & Bladder 	OBSTETRICAL O OB DATING (<16 wks) IPS/FTS (11-14 wks) ANATOMY (18-20 wks) BPP HIGH RISK MUSCULOSKELETAL L R B O O Shoulder O O Elbow	BIOPSY O Breast FNA/Core O Thyroid O Other O Thyroid O Other O Chest Pain O Chest Pain O Chest Pain O Acute Stroke/TIA O Post CABG or PTCA O Dizziness/Syncope O Cardiac Rehabilitation O Post MI O Pulmonary Rehab. O Dyspnea	VASCULAR STUDIES DUPLEX CAROTID PERIPHERAL ARTERIAL L R B O O Lower Limb O DUPPER Limb PERIPHERAL VENOUS L R B O O Lower Limb O O Upper Limb
 Hernia HYSTEROSONOGRAM (to be booked on day 5 - 10 of cycle) 	 O O Wrist O O Knee O O Ankle 	 Abnormal ECG Palpitations R/O Structural Heart Disease 	 AORTIC ANEURYSM VASCULAR SCREENING (Carotid, Aorta, Legs & Feet)
SMALL PARTS Neck Thyroid Breast () (P) (B) Testicular	 Joint Aspiration/Injection O Other 	REFERRED BY:	

PLEASE ALLOW TIME FOR REGISTRATION BEFORE YOUR APPOINTMENT FOR PATIENT PREPARATION AND CLINIC LOCATIONS PLEASE TURN OVER

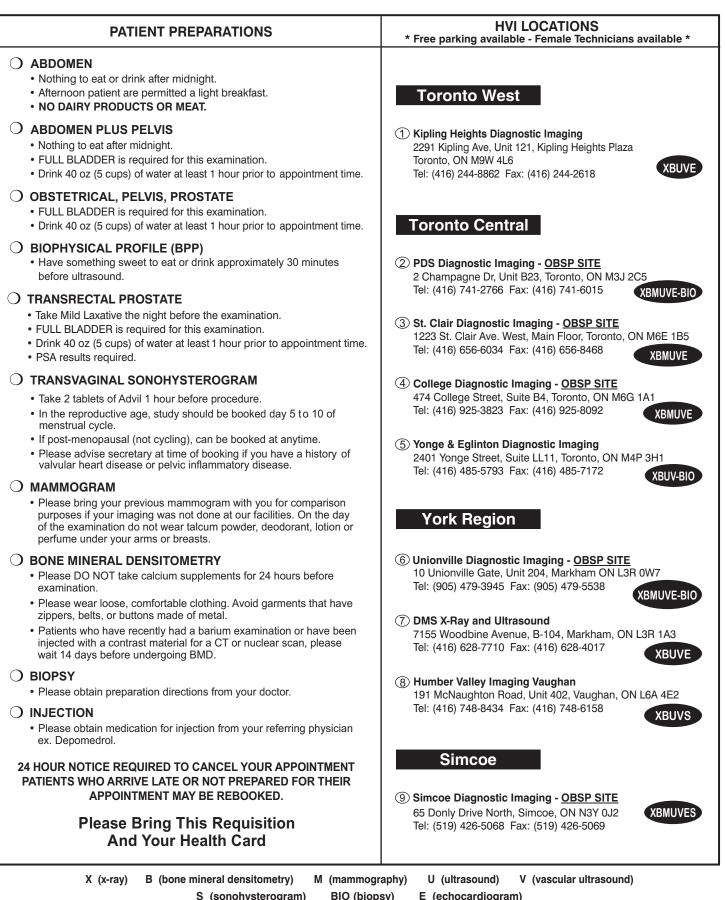


HUMBER VALLEY IMAGING

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