

PATIENT'S NAME _____ APPOINTMENT TIME _____

CLINICAL INFORMATION _____

STAT EXAMINATION _____ ▶ CLINIC USE ONLY, AFFIX LABEL HERE

DIGITAL X-RAY EXAMINATIONS (No Appointment)

<p>ABDOMEN</p> <p><input type="radio"/> Single</p> <p><input type="radio"/> Acute</p> <p>HEAD & NECK</p> <p><input type="radio"/> Neck for Soft Tissues</p> <p><input type="radio"/> Adenoids</p> <p><input type="radio"/> Skull</p> <p><input type="radio"/> Sella Turcica</p> <p><input type="radio"/> Sinuses</p> <p><input type="radio"/> Facial Bones</p> <p><input type="radio"/> Nasal Bones</p> <p><input type="radio"/> Mandible</p> <p><input type="radio"/> T.M. Joints</p> <p><input type="radio"/> Mastoids</p> <p><input type="radio"/> Orbits</p> <p>CHEST</p> <p><input type="radio"/> Chest (PA & LAT)</p> <p><input type="radio"/> Chest PA</p> <p><input type="radio"/> Ribs (L) (R) (B)</p> <p><input type="radio"/> Sterno Clavicular Jts.</p> <p><input type="radio"/> Sternum</p>	<p>SPINE & PELVIS</p> <p><input type="radio"/> Cervical Spine</p> <p><input type="radio"/> Dorsal Spine</p> <p><input type="radio"/> Lumbar Spine</p> <p><input type="radio"/> Sacrum / Coccyx</p> <p><input type="radio"/> S.I. joints</p> <p><input type="radio"/> Pelvis</p> <p><input type="radio"/> Pelvis & Hips</p> <p><input type="radio"/> Pelvis & S.I. Joints</p> <p><input type="radio"/> Scoliosis Series</p> <p><input type="radio"/> Bone Age</p> <p>LOWER EXTREMITIES</p> <p>L R B</p> <p><input type="radio"/> Hip</p> <p><input type="radio"/> Femur</p> <p><input type="radio"/> Knee</p> <p><input type="radio"/> Tibia-Fibula</p> <p><input type="radio"/> Ankle</p> <p><input type="radio"/> Foot</p> <p><input type="radio"/> Os Calcis</p> <p><input type="radio"/> Toe 1 2 3 4 5</p>	<p>UPPER EXTREMITIES</p> <p>L R B</p> <p><input type="radio"/> Clavicle</p> <p><input type="radio"/> A C Joints</p> <p><input type="radio"/> Shoulder</p> <p><input type="radio"/> Scapula</p> <p><input type="radio"/> Humerus</p> <p><input type="radio"/> Elbow</p> <p><input type="radio"/> Forearm</p> <p><input type="radio"/> Wrist</p> <p><input type="radio"/> Hand</p> <p><input type="radio"/> Scaphoid</p> <p><input type="radio"/> Digit 1 2 3 4 5</p> <p><input type="radio"/> Other _____</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px; text-align: center;"> <p>I DECLARE THAT I AM NOT PREGNANT</p> <p>X _____</p> </div>
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BREAST IMAGING

(By Appointment only)



Please see reverse for locations

- DIGITAL MAMMOGRAM**
 L R B
- ONTARIO BREAST SCREENING (OBSP)**
 L R B
- CONE COMPRESSION/MAG**
 L R B
- BREAST ULTRASOUND**
 L R B
- BREAST IMPLANTS**
 L R B

BONE MINERAL ANALYSIS

- Base Line
- Routine Exam
- High Risk

DIGITAL ULTRASOUND EXAMINATIONS (By Appointment Only, Female Technologists Available)

<p><input type="radio"/> ABDOMEN</p> <p><input type="radio"/> FEMALE PELVIS</p> <p><input type="radio"/> Follicular Monitoring (fertility)</p> <p><input type="radio"/> Transabdominal</p> <p><input type="radio"/> Transvaginal</p> <p><input type="radio"/> Both</p> <p><input type="radio"/> PROSTATE</p> <p><input type="radio"/> Transabdominal</p> <p><input type="radio"/> Transrectal</p> <p><input type="radio"/> Both</p> <p><input type="radio"/> Kidneys & Bladder</p> <p><input type="radio"/> Hernia</p> <p><input type="radio"/> HYSTEROSONOGRAM (to be booked on day 5 - 10 of cycle)</p> <p>SMALL PARTS</p> <p><input type="radio"/> Neck</p> <p><input type="radio"/> Thyroid</p> <p><input type="radio"/> Breast (L) (R) (B)</p> <p><input type="radio"/> Testicular</p>	<p>OBSTETRICAL</p> <p><input type="radio"/> OB DATING (<16 wks)</p> <p><input type="radio"/> IPS/FTS (11-14 wks)</p> <p><input type="radio"/> ANATOMY (18-20 wks)</p> <p><input type="radio"/> BPP</p> <p><input type="radio"/> HIGH RISK</p> <p>MUSCULOSKELETAL</p> <p>L R B</p> <p><input type="radio"/> Shoulder</p> <p><input type="radio"/> Elbow</p> <p><input type="radio"/> Wrist</p> <p><input type="radio"/> Knee</p> <p><input type="radio"/> Ankle</p> <p><input type="radio"/> Joint Aspiration/Injection</p> <p>_____</p> <p><input type="radio"/> Other _____</p>	<p>BIOPSY</p> <p><input type="radio"/> Breast FNA/Core</p> <p><input type="radio"/> Thyroid</p> <p><input type="radio"/> Lymph Node</p> <p><input type="radio"/> Other _____</p> <p><input type="radio"/> ECHOCARDIOGRAM (M-Mode 2D & Color Doppler)</p> <p>Please select clinical indication:</p> <p><input type="radio"/> Chest Pain</p> <p><input type="radio"/> Post CABG or PTCA</p> <p><input type="radio"/> Cardiac Rehabilitation</p> <p><input type="radio"/> Pulmonary Rehab.</p> <p><input type="radio"/> Abnormal ECG</p> <p><input type="radio"/> Palpitations</p> <p><input type="radio"/> Acute Stroke/TIA</p> <p><input type="radio"/> Dizziness/Syncope</p> <p><input type="radio"/> Post MI</p> <p><input type="radio"/> Dyspnea</p> <p><input type="radio"/> Lung Disease</p> <p><input type="radio"/> R/O Structural Heart Disease</p>	<p>VASCULAR STUDIES</p> <p><input type="radio"/> DUPLEX CAROTID</p> <p><input type="radio"/> PERIPHERAL ARTERIAL</p> <p>L R B</p> <p><input type="radio"/> Lower Limb</p> <p><input type="radio"/> Upper Limb</p> <p><input type="radio"/> PERIPHERAL VENOUS</p> <p>L R B</p> <p><input type="radio"/> Lower Limb</p> <p><input type="radio"/> Upper Limb</p> <p><input type="radio"/> AORTIC ANEURYSM</p> <p><input type="radio"/> VASCULAR SCREENING (Carotid, Aorta, Legs & Feet)</p>
<p>REFERRED BY: _____</p> <p>COPY TO: _____</p>			

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

PATIENT PREPARATIONS

HVI LOCATIONS

* Free parking available - Female Technicians available *

ABDOMEN

- Nothing to eat or drink after midnight.
- Afternoon patient are permitted a light breakfast.
- **NO DAIRY PRODUCTS OR MEAT.**

ABDOMEN PLUS PELVIS

- Nothing to eat after midnight.
- FULL BLADDER is required for this examination.
- Drink 40 oz (5 cups) of water at least 1 hour prior to appointment time.

OBSTETRICAL, PELVIS, PROSTATE

- FULL BLADDER is required for this examination.
- Drink 40 oz (5 cups) of water at least 1 hour prior to appointment time.

BIOPHYSICAL PROFILE (BPP)

- Have something sweet to eat or drink approximately 30 minutes before ultrasound.

TRANSRECTAL PROSTATE

- Take Mild Laxative the night before the examination.
- FULL BLADDER is required for this examination.
- Drink 40 oz (5 cups) of water at least 1 hour prior to appointment time.
- PSA results required.

TRANSVAGINAL SONOHYSTEROGRAM

- Take 2 tablets of Advil 1 hour before procedure.
- In the reproductive age, study should be booked day 5 to 10 of menstrual cycle.
- If post-menopausal (not cycling), can be booked at anytime.
- Please advise secretary at time of booking if you have a history of valvular heart disease or pelvic inflammatory disease.

MAMMOGRAM

- Please bring your previous mammogram with you for comparison purposes if your imaging was not done at our facilities. On the day of the examination do not wear talcum powder, deodorant, lotion or perfume under your arms or breasts.

BONE MINERAL DENSITOMETRY

- Please DO NOT take calcium supplements for 24 hours before examination.
- Please wear loose, comfortable clothing. Avoid garments that have zippers, belts, or buttons made of metal.
- Patients who have recently had a barium examination or have been injected with a contrast material for a CT or nuclear scan, please wait 14 days before undergoing BMD.

BIOPSY

- Please obtain preparation directions from your doctor.

INJECTION

- Please obtain medication for injection from your referring physician ex. Depomedrol.

**24 HOUR NOTICE REQUIRED TO CANCEL YOUR APPOINTMENT
PATIENTS WHO ARRIVE LATE OR NOT PREPARED FOR THEIR
APPOINTMENT MAY BE REBOOKED.**

**Please Bring This Requisition
And Your Health Card**

Toronto West

① **Kipling Heights Diagnostic Imaging**

2291 Kipling Ave, Unit 121, Kipling Heights Plaza
Toronto, ON M9W 4L6
Tel: (416) 244-8862 Fax: (416) 244-2618

XBUVE

Toronto Central

② **PDS Diagnostic Imaging - OBSP SITE**

2 Champagne Dr, Unit B23, Toronto, ON M3J 2C5
Tel: (416) 741-2766 Fax: (416) 741-6015

XBMUVE-BIO

③ **St. Clair Diagnostic Imaging - OBSP SITE**

1223 St. Clair Ave. West, Main Floor, Toronto, ON M6E 1B5
Tel: (416) 656-6034 Fax: (416) 656-8468

XBMUVE

④ **College Diagnostic Imaging - OBSP SITE**

474 College Street, Suite B4, Toronto, ON M6G 1A1
Tel: (416) 925-3823 Fax: (416) 925-8092

XBMUVE

⑤ **Yonge & Eglinton Diagnostic Imaging**

2401 Yonge Street, Suite LL11, Toronto, ON M4P 3H1
Tel: (416) 485-5793 Fax: (416) 485-7172

XBUV-BIO

York Region

⑥ **Unionville Diagnostic Imaging - OBSP SITE**

10 Unionville Gate, Unit 204, Markham ON L3R 0W7
Tel: (905) 479-3945 Fax: (905) 479-5538

XBMUVE-BIO

⑦ **DMS X-Ray and Ultrasound**

7155 Woodbine Avenue, B-104, Markham, ON L3R 1A3
Tel: (416) 628-7710 Fax: (416) 628-4017

XBUVE

⑧ **Humber Valley Imaging Vaughan**

191 McNaughton Road, Unit 402, Vaughan, ON L6A 4E2
Tel: (416) 748-8434 Fax: (416) 748-6158

XBUVS

Simcoe

⑨ **Simcoe Diagnostic Imaging - OBSP SITE**

65 Donly Drive North, Simcoe, ON N3Y 0J2
Tel: (519) 426-5068 Fax: (519) 426-5069

XBMUVES

X (x-ray) B (bone mineral densitometry) M (mammography) U (ultrasound) V (vascular ultrasound)
S (sonohysterogram) BIO (biopsy) E (echocardiogram)