Humber Valley Imaging

WWW.humbervalleyimaging.com
Phone# 416-748-8434

▶ *PLEASE SCAN QR CODE TO BOOK AN APPOINTMENT*

PATIENT'S NAME _____ APPOINTMENT TIME _____

HEALTH CARD _____ D.O.B _____ TEL _____

DIGITAL X-RAY EXAMINATIONS (No Appointment)

ABDOMEN
- ❍ Single
- ❍ Acute

HEAD & NECK
- ❍ Adenoids
- ❍ Skull
- ❍ Sella Turcica
- ❍ Sinuses (not insured by OHIP)
- ❍ Orbits
- ❍ Facial Bones
- ❍ Nasal Bones
- ❍ Mandible
- ❍ T.M. Joints
- ❍ Mastoids

CHEST
- ❍ Chest PA & LAT
- ❍ Chest PA
- ❍ Ribs (L) (R) (B)
- ❍ 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

L	R	B	
❍	❍	❍	Hip
❍	❍	❍	Femur
❍	❍	❍	Knee
❍	❍	❍	Tibia-Fibula
❍	❍	❍	Ankle
❍	❍	❍	Foot
❍	❍	❍	Os Calcis
❍	❍	❍	Toe 1 2 3 4 5

UPPER EXTREMITIES

L	R	B	
❍	❍	❍	Clavicle
		❍	A C Joints
❍	❍	❍	Shoulder
❍	❍	❍	Scapula
❍	❍	❍	Humerus
❍	❍	❍	Elbow
❍	❍	❍	Forearm
❍	❍	❍	Wrist
❍	❍	❍	Hand
❍	❍	❍	Scaphoid
❍	❍	❍	Digit 1 2 3 4 5

❍ OTHER _____

I DECLARE THAT I AM NOT PREGNANT

x _____

CLINICAL INFORMATION
❍ URGENT / VERBAL

REFERRED BY: _____

COPY TO: _____

BONE MINERAL ANALYSIS
- ❍ Base Line
- ❍ OSTEOPENIA (ANNUALLY)
- ❍ OSTEOPOROSIS (ANNUALLY)
- ❍ ROUTINE EXAM

BREAST IMAGING

	L	R	B
❍ DIGITAL MAMMOGRAM	❍	❍	❍
❍ OBSP (40-74 yrs. of age)	❍	❍	❍
❍ BREAST ULTRASOUND	❍	❍	❍
❍ BREAST IMPLANTS	❍	❍	❍
❍ BREAST BIOPSY	❍	❍	❍

CARDIAC STUDIES
* Contrast Studies Available

❍ **ECHOCARDIOGRAM (M-Mode 2D & Color Doppler)**

Please select clinical indication:
- ❍ Chest Pain
- ❍ Post CABG or PTCA
- ❍ Cardiac Rehabilitation
- ❍ Pulmonary Rehab.
- ❍ Abnormal ECG
- ❍ Palpitations
- ❍ Acute Stroke/TIA
- ❍ Dizziness/Syncope
- ❍ Post MI
- ❍ Dyspnea
- ❍ Lung Disease
- ❍ R/O Structural

❍ **STRESS ECHOCARDIOGRAM**
❍ **STRESS ECG TEST**
❍ **ECG**

❍ **HOLTER MONITOR**
❍ 24 Hr ❍ 48 Hr ❍ 72 Hr ❍ 2 Weeks

❍ **Ambulatory Blood Pressure Monitor**
* Not covered by OHIP

❍ **NUCLEAR STUDIES**
- ❍ Exercise ❍ Pharmacological
- ❍ Ventricular Function Study (MUGA)
- ❍ Thyroid Uptake

CONSULTATION
❍ **CARDIOLOGY**

DIGITAL ULTRASOUND EXAMINATIONS (By Appointment)

❍ **ABDOMEN**

❍ **FEMALE PELVIS**
- ❍ Transabdominal
- ❍ Transvaginal
- ❍ Both

❍ **PROSTATE**
- ❍ Transabdominal
- ❍ Transrectal

❍ **KIDNEYS & BLADDER**
❍ **HERNIA**
❍ **SONOHYSTEROGRAM**
❍ **SONOHYSTEROGRAM WITH CONTRAST**
(for tubal patency investigation)

SMALL PARTS
- ❍ Thyroid ❍ Neck
- ❍ Breast (L) (R) (B)
- ❍ Testicular

OBSTETRICAL
- ❍ OB DATING (<16 wks)
- ❍ IPS/ANATOMY
- ❍ IPS/FTS (11-14 wks)
- ❍ ANATOMY (18-20 wks)
- ❍ BPP
- ❍ HIGH RISK

MUSCULOSKELETAL

L	R	B	
❍	❍	❍	Shoulder
❍	❍	❍	Elbow
❍	❍	❍	Wrist
❍	❍	❍	Knee
❍	❍	❍	Ankle

❍ Other _____
❍ Joint Aspiration/Injection

BIOPSY
- ❍ Breast FNA/Core
- ❍ Thyroid
- ❍ Lymph Node

Other _____

VASCULAR STUDIES
❍ **DUPLEX CAROTID**

❍ **PERIPHERAL ARTERIAL**
Lower Limb (L) (R) (B)
Upper Limb (L) (R) (B)

❍ **PERIPHERAL VENOUS**
Lower Limb (L) (R) (B)
Upper Limb (L) (R) (B)

❍ **AORTIC ANEURYSM**

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

Humber Valley Imaging

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Phone# 416-748-8434

HEAD OFFICE
191 McNaughton Road East, Unit 402
Vaughan, ON L6A 4E2
Tel: (416) 748-8434 Fax: (416) 748-6158
info@humbervalleyimaging.com

PATIENT PREPARATIONS

❍ 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.

❍ Pelvis, Prostate, Early Obstetrical (less than 16 weeks)
- FULL BLADDER is required for this examination.
- Drink 40 oz (5 cups) of water at least 1 hour prior to appointment time.

❍ OBSTETRICAL (more than 16 weeks, including anatomy scan)
- DO NOT empty your bladder before this examination.
- NO fasting required.

❍ BIOPHYSICAL PROFILE (BPP)
- Have something sweet to eat or drink approximately 30 minutes prior to appointment time.

❍ 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.

❍ NUCLEAR IMAGING, STRESS ECHOCARDIOGRAM & STRESS TEST
- Wear comfortable, loose clothing and walking shoes.
- Light breakfast consisting of toast, jam, juice and water ONE HOUR before you test.
- 24 hours NO CAFFEINE, no coffee, no decaffeinated products, no medication with caffeine.
- Bring a list of all current medications. Check with your physician regarding the discontinuation of any heart medications.
- Do not take erectile dysfunction medications for 48 hours before the test.

❍ 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.

HVI LOCATIONS

*** Free parking available - Female Technicians available ***

Toronto West

① **Kipling Heights Diagnostic Imaging**
2291 Kipling Ave, Unit 121, Kipling Heights Plaza
Etobicoke, ON M9W 4L6
Tel: (416) 244-8862 Fax: (416) 244-2618
khreferral@humbervalleyimaging.com
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
pds@humbervalleyimaging.com
XBMUVE-BIO, VC, CC

③ **PDS Cardiac Imaging**
2 Champagne Dr, Unit B10, Toronto, ON M3J 2C5
Tel: (416) 222-6160 EXT. 243, Fax: (416) 386-1023
cardiology@humbervalleyimaging.com
CC, E, H, ST

④ **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
stclair@humbervalleyimaging.com
XBMUVE

⑤ **College Diagnostic Imaging - OBSP SITE**
474 College Street, Suite B4, Toronto, ON M6G 1A1
Tel: (416) 925-3823 Fax: (416) 925-8092
college@humbervalleyimaging.com
XBMUVE

⑥ **Yonge & Eglinton Diagnostic Imaging**
2401 Yonge Street, Suite LL11, Toronto, ON M4P 3H1
Tel: (416) 485-5793 Fax: (416) 485-7172
2401@humbervalleyimaging.com
XBUV

York Region

⑦ **Unionville Diagnostic Imaging - OBSP SITE**
10 Unionville Gate, Unit 204, Markham ON L3R 0W7
Tel: (905) 479-3945 Fax: (905) 479-5538
unionville@humbervalleyimaging.com
XBMUVE-BIO

⑧ **Humber Valley Imaging Vaughan**
191 McNaughton Road East, Unit 402, Vaughan, ON L6A 4E2
Tel: (416) 748-8434 Fax: (416) 748-6158
vaughan@humbervalleyimaging.com
NXBUVS, VC, CC

⑨ **Humber Valley Cardiovascular Imaging**
398 Steeles Avenue West, Unit 11-14, Thornhill ON L4J 6X3
Tel: (905) 881-1455 Fax: (905) 881-5171
cardio@humbervalleyimaging.com
NBUV

Simcoe

⑩ **Simcoe Diagnostic Imaging - OBSP SITE**
65 Donly Drive North, Simcoe, ON N3Y 0C2
Tel: (519) 426-5068 Fax: (519) 426-5069
simcoe@humbervalleyimaging.com
XMUVES

Please Bring This Requisition & Your Health Card

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

X (x-ray) B (bone mineral densitometry) M (mammography) U (ultrasound) V (vascular ultrasound) H (Holter) ST (stress)
S (sonohysterogram) BIO (biopsy) E (echocardiogram) VC (vascular consult) CC (cardiac consult) N (nuclear)

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.