

**PATIENT INFORMATION**

**APPOINTMENT DATE / TIME**

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ TOWN/CITY \_\_\_\_\_ POSTAL \_\_\_\_\_

PHONE \_\_\_\_\_ HEALTH CARD # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_  Male  Female

VERSION \_\_\_\_\_ dd/mm/yyyy

**X-RAY**

**ULTRASOUND EXAMINATIONS**

**No Appointment Needed**

**Call For Appointment**

**ABDOMEN**

- Single View (KUB)
- Acute (2 Views)

**HEAD & NECK**

- Skull
- Sinuses
- Adenoids
- Soft Tissue of Neck
- Nasal Bones
- Facial Bones
- Mandible
- T.M. Joints
- Orbits

**SPECIAL REQUEST**

- CD Requested
- Stat

**CHEST**

- Chest
- Ribs  R  L & Chest PA
- Sternum

- S.C. Joints
- Immigration

**SKELETAL SURVEY**

- Metastatic Series
- Arthritic Series
- Scoliosis Series

**SPINE & PELVIS**

- Cervical Spine
- Dorsal Spine
- Lumbo-Sacral Spine
- Sacrum & Coccyx
- S.I. Joints
- AP Pelvis
- Pelvis & Hip  R  L

**UPPER EXTREMITIES**

- R  L Shoulder
- R  L Clavicle
- R  L A.C. Joints

- R  L Scapula
- R  L Humerus
- R  L Elbow

- R  L Forearm
- R  L Wrist
- R  L Scaphoid

- R  L Hand
- R  L Digits

No. 1 2 3 4 5

**LOWER EXTREMITIES**

- R  L Hip
- R  L Femur
- R  L Knee
- R  L Tib & Fib
- R  L Ankle
- R  L Foot

- R  L Os Calcis
- R  L Toes

No. 1 2 3 4 5

**GENERAL**

- Abdomen Complete
- Female Pelvis (includes transvaginal unless contraindicated)
- Female Pelvis (exclude transvaginal)
- Renal + Bladder
- Male Pelvis/Prostate Transrectal
- Groin/Inguinal
- R  L Both Breast
- Testicular / Scrotal
- Thyroid Head/Neck

**OBSTETRICAL**

- Obstetrical – Dating
- Obstetrical (18-20 Week Anatomical Scan)
- Obstetrical + Biophysical
- NT/IPS (11-14 weeks)

**MUSKULOSKELETAL**

- R  L Hip
- R  L Hamstring
- R  L Knee
- R  L Achilles Tendon
- R  L Ankle
- R  L Foot
- R  L Shoulder
- R  L Elbow
- R  L Wrist
- Other Muscle Areas
- Other Soft Tissue

**BONE MINERAL DENSITY**

- Baseline Date of previous BMD Scan: \_\_\_\_\_
  - High Risk
  - Low Risk (dd/mm/yyyy)
- \*\*ONLY AT LAWRENCE-KINGSTON\*\***

**CLINICAL INFORMATION**

MD: \_\_\_\_\_

CC: \_\_\_\_\_

**PREGNANCY RELEASE**

I declare to the best of my knowledge that I am NOT pregnant.

\_\_\_\_\_  
Signature

**PLEASE BRING YOUR HEALTH CARD  
AND THIS REQUISITION**

**FEMALE TECHNICIANS**

**PLENTY OF FREE PARKING**

**DOCTOR'S OFFICE STAMP**

**PLEASE BRING THIS PAPER AND YOUR HEALTH CARD WITH YOU.**

**Please arrive 15 minutes before your appointment time for registration. Late arrival may require re-booking.**

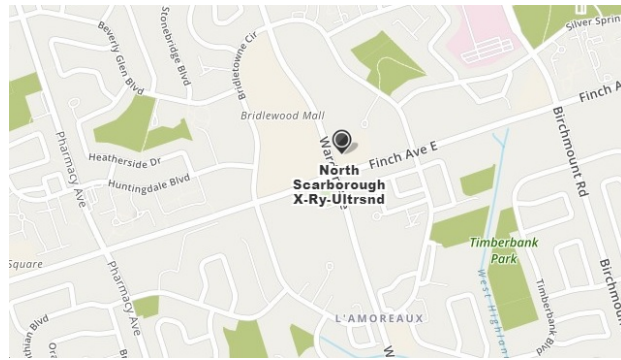
This requisition form can be taken to any licensed facility providing healthcare services including hospitals and IHFs, such as those listed on the IHF Program website: <http://www.health.gov.on.ca/en/public/programs/ihf/facilities.aspx>

## North Scarborough X-Ray and Ultrasound

3420 Finch Avenue East. Suite 101  
Scarborough, ON M1W 2R6  
T: 416.497.4452  
F: 416.497.4453

### Office Hours:

Mon - Thu 9:00 am - 7:00 pm  
Fri 9:00 am - 6:00 pm  
Sat 9:00 am - 2:00 pm



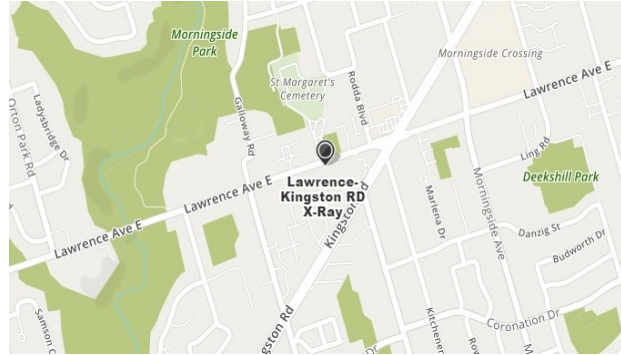
We are located at the North East Corner of Warden Avenue and Finch Avenue East intersection. Entrance is facing Finch Ave East.

## Lawrence-Kingston X-Ray and Ultrasound

4125 Lawrence Avenue East. Suite 210  
Scarborough, ON M1E 2S2  
T: 416.281.4167  
F: 416.281.5635

### Office Hours:

Mon - Thu 9:00 am - 6:00 pm  
Fri 9:00 am - 4:00 pm  
Sat 9:00 am - 2:00 pm



We are located at the south side of Lawrence Ave one block west of Kingston Ave.

## ULTRASOUND PREPARATIONS

### ABDOMEN ULTRASOUND

- Eat a fat free dinner the night before your appointment
- No dairy products or fried foods
- No carbonated drinks 12 hours before your appointment
- Do not eat or drink anything after midnight the night before
- Do not eat breakfast

### PELVIS ULTRASOUND (ALL TYPES)

- Drink 4-5 glasses (or 2 small bottles) of clear fluid (water, juice, black coffee or black tea) 1 hour before your appointment time
- Do not void – A full bladder is necessary for the examination
- No fasting is necessary

### ABDOMEN AND PELVIS ULTRASOUND TOGETHER

- Eat a fat free dinner the night before your appointment
- No dairy products or fried foods
- Do not eat or drink anything after midnight the night before
- Drink 4-5 glasses (or 2 small bottles) of clear fluid (water, juice, black coffee or black tea) 1 hour before your appointment time
- Do not void – A full bladder is necessary for the examination

### OBSTETRICAL ULTRASOUND

- For less than 12 weeks: Drink 4-5 glasses (or 2 small bottles) of clear fluid (water, juice, black coffee or black tea) 1 hour before your appointment time. You must eat breakfast / lunch
- For 12 – 18 weeks: Drink 2 glasses (or 1 small bottle) of clear fluid (water, juice, black coffee or black tea) 1 hour before your appointment time. You must eat breakfast / lunch
- For over 18 weeks: No preparation is required. You must eat breakfast / lunch

### PROSTATE-TRANSRECTAL ULTRASOUND

- Purchase a **fleet enema** from a pharmacy and follow the instructions in the package
- Administer the fleet enema 2 hours before your appointment time
- Drink 4-5 glasses (or 2 small bottles) of clear fluid (water, juice, black coffee or black tea) 1 hour before your appointment time
- Do not void – A full bladder is necessary for the examination

### NO PREPARATION IS REQUIRED FOR THE FOLLOWING

- Scrotal/Testicular ultrasound
- Thyroid ultrasound
- Musculoskeletal ultrasound