

PATIENT INFORMATION

Last Name: _____
 First Name: _____
 H.C.: _____ Sex: _____
 Tel: (____) - ____ - ____ Date Of Birth: MM/DD/YYYY

REFERRAL INFORMATION

Urgent Physician: _____ Tel: (____) - ____ - ____
 Routine Signature: _____ Fax: (____) - ____ - ____
 Clinical Information: _____ Date LMP: MM / DD / YYYY
 _____ (For gyne & obstetric only)

DIGITAL X-RAY (Walk-in appointments accepted)

HEAD & NECK

- Skull
- Sinuses
- Adenoids
- Neck for Soft Tissues
- Sella Turcica
- Mastoids
- Facial Bones
- Nose
- Orbits
- Mandible
- T.M. Joints

ABDOMEN

- Single
 - Acute
- CHEST**
- Chest PA
 - Chest PA & LAT
 - Ribs (L R)
 - Sternum
 - Sterno-Clavicular Joints

UPPER EXTREMITIES

- L R
- Shoulder
 - Clavicle
 - A.C. Joints
 - Scapula
 - Humerus
 - Elbow
 - Forearm
 - Wrist
 - Hand
 - Scaphoid
 - Fingers
-

SPINE & PELVIS

- Cervical Spine
- Dorsal Spine
- Lumbar Spine
- Sacrum / Coccyx
- S.I. Joints
- Pelvis

LOWER EXTREMITIES

- L R
- Hip
 - Femur
 - Knee
 - Tibia-Fibula
 - Ankle
 - Foot
 - Os Calcis
 - Toe
-
- Other _____

To the best of my knowledge I'm not pregnant.

X _____

ULTRASOUND (By appointment)

GENERAL

- Abdomen
- Limited Abdomen (Renal, GB, Liver, etc)
- Limited Pelvic (Bladder pre/post void)

FEMALE PELVIC

- Pelvis
- Transvaginal
- Hysterosonography

MALE PELVIC

- Male Pelvis (Includes bladder, prostate)
- Transrectal (Includes Transabdominal)

OBSTETRICAL

- Dating
- IPS Nuchal Translucency (11-14 wks)
- OBS Anatomy (18-20 wks)
- OBS (High-risk/problem)
- Biophysical profile (After 28 wks)
- Fetal Growth Follow-up
- Twin Series

SECOND OPINION MRI

Area _____
 Clinical Question (required) _____
 Original Report Attached (required)

SMALL PARTS

- Thyroid
- Neck
- Submandibular Gland
- Parotid Glands
- Breast (L R)
- Axilla (L R)
- Groin (L R)
- Hernia (L R)
- Testes/ Scrotum
- Abdominal wall
- Soft Tissue / Lump
- Other _____

MUSCULOSKELETAL

- L R
- Shoulder
 - Arm
 - Elbow
 - Forearm
 - Wrist & Hand
 - Finger (L R)
 - Hip Joint/Greater Trochanter
 - Thigh
 - Knee/Pop Fossa
 - Calf
 - Achilles Tendon/Plantar Fascia
 - Foot / Ankle
 - Other Muscle
- Areas _____
 US Guided Procedure
 Aspiration 1 Aspiration 2 Others

BONE MINERAL DENSITY (BMD)/ DEXA SCAN

- Screening High Risk-Q: 12 M First Follow Up - Q: 36 M Follow Up - Q: 60 M Body Composition

ULTRASOUND INSTRUCTIONS

- ABDOMINAL**
 • Fast for 12 hours prior to test and fat free diet (no dairy, meat, eggs, or fried food) for 24 hours. Nothing by mouth until after examination. Examination is approx. 30 min.
- RENAL ONLY**
 • Drink 2 full glasses (16 oz.) of water prior to the examination. Do not void until after the examination.
- PELVIC / OBSTETRICAL / BLADDER EXAMINATION**
 • A full bladder is essential for these examinations. Do not empty your bladder for two hours before your appointment. Drink 4 full glasses (32 oz.) of liquid except milk. Please complete drinking your fluids at least 1 hour before your appointment.
- THYROID, TESTES, AND MUSCULOSKELETAL**
 • No preparation required.

**ALL CANCELLATIONS MUST BE MADE 24 HOURS IN ADVANCE
 YOU MUST BRING THIS OR EQUIVALENT REQUISITION FORM TO THE APPOINTMENT
 PLEASE BRING YOUR HEALTH CARD**

This requisition form can be taken to any licensed facility 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>