

PATIENT INFORMATION

Last Name: _____ First Name: _____
Tel: _____ Address: _____
Sex: ☐ M ☐ F ☐ X Date: _____

Health Card Number: _____ Version: _____ Date of Birth: _____

Appointment Date & Time _____

X-RAY (No Appointment)

ABDOMEN

- ☐ Plain Film (K.U.B)
☐ Acute (3 Views includes PA Chest)

HEAD & NECK

- ☐ Skull
☐ Adenoids
☐ Soft Tissues of Neck
☐ Pit. Fossa
☐ Mastoids
☐ I.A Meati
☐ Facial Bones
☐ Nasal Bones
☐ Orbits
☐ Mandible
☐ T.M. Joints
☐ Sinuses (Not covered by OHIP)

SKELETAL SURVEY

- ☐ Metastatic Series
☐ Arthritic Series
☐ Bone Age

CHEST

- ☐ Chest
☐ Chest Visa
☒ ☐ Ribs & Chest PA
☐ Sternum
☐ Sterno-Clavicular Joints
☐ Thoracic Inlet

SPINE & PELVIS

- ☐ Cervical Spine
☐ Dorsal Spine
☐ Scoliosis Series
☐ Lumbo-Sacral Spine
☐ Sacrum & Coccyx
☐ S.I Joints
☐ Pelvis
☐ Pelvis & Hip ☐ ☐ ☐

PREGNANCY RELEASE FORM

I declare, to the best of my knowledge
that I am not presently pregnant

Signature _____

UPPER EXTREMITIES

- ☐ ☐ R Shoulder
☐ ☐ L Clavicle
☐ A.C. Joints
☐ ☐ R Scapula
☐ ☐ L Humerus
☐ ☐ R Elbow
☐ ☐ L Forearm
☐ ☐ R Wrist
☐ ☐ L Hand
☐ ☐ R Fingers No. 1 2 3 4 5

LOWER EXTREMITIES

- ☐ ☐ R Hip
☐ ☐ L Femur
☐ ☐ R Knee
☐ ☐ L Tib & Fib
☐ ☐ R Ankle
☐ ☐ L Foot
☐ ☐ R Os Calcis
☐ ☐ L Toes No . 1 2 3 4 5

ULTRASOUND (By Appointment)

GENERAL

- ☐ Abdomen
☐ Limited Abdomen _____
☐ Female Pelvis
☐ Transvaginal
☐ Female Pelvis & Transvaginal
☐ Kidneys & Bladder
☐ (pre/post void bladder vol.)
Male Pelvis (Prostate)
☐ Transabdomen ☐ Transrectal
☐ Abdomen & Pelvis

OBSTETRICAL

- ☐ Early OBS / Dating (<16 wks)
☐ IPS / NT / eFTS
(11 wks 2days-13 wks, 6 Days)
☐ Anatomical Scan (>18 wks)
☐ Twins
☐ Biophysical Profile (BPP) (>30 Wks)
☐ High Risk Pregnancy

MUSCULOSKELETAL

- ☐ Shoulder ☐ ☐ ☐ R L B
☐ Arm ☐ ☐ ☐ R L B
☐ Elbow ☐ ☐ ☐ R L B
☐ Forearm ☐ ☐ ☐ R L B
☐ Wrist & Hand ☐ ☐ ☐ R L B
☐ Hip Joint ☐ ☐ ☐ R L B
☐ Back ☐ ☐ ☐ R L B
☐ Thigh
☐ Knee ☐ ☐ ☐ R L B
(Including Popliteal Fossa)
☐ Calf ☐ ☐ ☐ R L B
☐ Foot / Ankle ☐ ☐ ☐ R L B
☐ Achilles Tendon ☐ ☐ ☐ R L B
☐ Plantar Fascia ☐ ☐ ☐ R L B
☐ Gluteal Region ☐ ☐ ☐ R L B
☐ Others _____

Breast Ultrasound

- ☐ Bilateral ☐ Right ☐ Left

SMALL PARTS

- ☐ Thyroid
☐ Neck
☐ Submandibular Glands
☐ Parotid Glands
☐ Testes / Scrotum
☐ Groin (Hernia) ☐ ☐ ☐ R L B
☐ Abdominal Wall
☐ Soft Tissue / Lump _____
☐ Axilla ☐ ☐ ☐ R L B
☐ Others _____

VASCULAR ULTRASOUND

- ☐ Carotid Doppler Incl. Vertebral Arteries
☐ Upper Limb Arterial ☐ ☐ ☐ R L B
☐ Lower Limb Arterial ☐ ☐ ☐ R L B
☐ Upper Limb Venous ☐ ☐ ☐ R L B
☐ Lower Limb Venous ☐ ☐ ☐ R L B

☐ Aorta

☐ **REQUEST FOR STAT CASE / URGENT**

TEL _____ FAX _____

CLINICAL INFORMATION REQUIRED

MD: _____
Please Print Name Signature

Billing# _____ CC: _____
Please Print Name & Provide Fax Number

DR'S OFFICE STAMP

PLEASE BRING HEALTH CARD AND THIS REQUISITION, 24 HOURS NOTICE IS REQUIRED FOR ANY CHANGE IN APPOINTMENT

This Requisition Can Be Taken To Any Licensed Facility Providing Health Care
Services Including Hospitals And ICHSC

ULTRASOUND PREPARATIONS

■ **ABDOMEN**

- Nothing to eat or drink after midnight
NO BREAKFAST NO WATER
NO GUM NO CANDY

■ **ABDOMEN PLUS PELVIS**

- Nothing to eat or drink after midnight
- Follow instructions for Pelvis Ultrasound

■ **OBSTETRICAL, PELVIS, KIDNEYS/BLADDER**

- **FULL BLADDER is required** for the examination
- Drink 5 glasses (40 oz or 1.3 LTR) to be finished
1 hour before examination
- **DO NOT** empty bladder after drinking

■ **PROSTATE STUDY**

- Dulcolax Suppository inserted rectally
2 hours before examination
(only for transrectal study)
- **FULL BLADDER** is required for this examination
- Drink 5 glasses (40oz or 1.3 ltr) to be finished
1 hour before examination
- Please **DO NOT** empty bladder after drinking
- Bring PSA results if available