



**Patient Information**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Date of Birth MM / DD / YYYY M  F

Home Phone \_\_\_\_\_ Other Phone \_\_\_\_\_ OHIP \_\_\_\_\_ Version Code \_\_\_\_\_

**Appointment Date/Time**

Appointment Date MM / DD / YYYY Appointment Time \_\_\_\_\_

**X-Ray (no appointment)**

**ABDOMEN**

Single / KUB / Constipation  
 Acute (includes PA chest)

**HEAD & NECK**


Nasopharynx/soft tissue neck  
 Skull  
 Sinuses  
 Facial Bones  
 Nasal Bones  
 Mandible  
 Orbits (foreign body)

**CHEST**

Chest PA & LAT  
 Ribs:  R  L  B (includes PA chest)  
 Sterno-Clavicular Jts  
 Sternum  
 Other \_\_\_\_\_

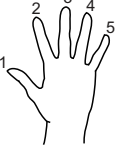
**LOWER EXTREMITIES**

R L  
 Hip  
 Femur  
 Knee  
 Tib. & Fib.  
 Ankle  
 Foot  
 Heel  
 Toe: 1 2 3 4 5



**UPPER EXTREMITIES**

R L  
 Elbow  
 Forearm  
 Shoulder  
 Humerus  
 Clavicle  
 A.C. Joints  
 Scapula  
 Wrist  
 Scaphoid  
 Hand  
 Finger: 1 2 3 4 5



**SPINE & PELVIC**

Cervical Spine  
 Dorsal Spine  
 Lumbar Spine  
 Scoliosis

Sacrum / Coccyx  
 Pelvis  
 SI Joints

**Ultrasound (by appointment)**

**GENERAL**

Abdomen  
 Abdomen Wall  
 Urinary Tract  
 Female Pelvis  
 Transvaginal  
 Male Pelvis  
 Transrectal  
 Inguinal Canal  R  L  
 Others

**MUSCULOSKELETAL**

R L  
 Shoulders  
 Arms  
 Elbows  
 Forearms  
 Wrist & Hands  
 Hip Joint / Greater Trochanter  
 Thigh / Hamstrings  
 Knee / Pop Fossa  
 Leg / Calf  
 Ankle  
 Achilles Tendon / Plantar Fascia  
 Upper / Mid / Lower Back Foot  
 Plantar Fascia  
 Other Muscle Area \_\_\_\_\_

**SMALL PARTS**

Thyroid  
 Sub Mandibular Glands  
 Parotid Glands  
 Testes/Scrotum  
 Groin / Inguinal Canal  
 Penile  
 Soft Tissue/Lump (location)

**OBSTRETICAL**

OBS (below 16 weeks)  
 OBS (above 16 weeks)  
 OBS (high risk/problem)  
 OBS (Multiple Gestation)  
 Nuchal Translucency

**VASCULAR**

Carotids  
 Abdominal Aorta  
 Arterial Lower Limb  
 Arterial Upper Limb  
 Venous Upper DVT

**VENOUS LOWER**

DVT  
 Deep Vein Insufficiency  
 Superficial Vein Insufficiency  
 Renal Doppler

**Pregnancy Form**

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

Signature \_\_\_\_\_

**BMD (by appointment)**

Baseline  
 Follow-up

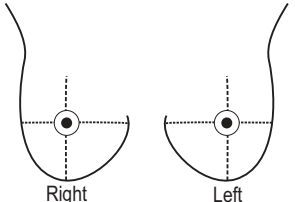
Hx of fragility #  
 Prednisone - 7.5mg daily for 3 months

**Clinical History Requested**

**Mammography (by appointment)**

Mammogram  
 Ultrasound

Bilateral  
 Implants  
 Left  
 Right



**Physician Information**

Doctor's Signature \_\_\_\_\_ M.D. \_\_\_\_\_ CC \_\_\_\_\_ M.D. \_\_\_\_\_

**PLEASE SEE REVERSE SIDE FOR THE CLINIC NEAREST YOU. PLEASE BRING VALID HEALTH CARD.**

Please arrive 10 minutes before your appointment. You MAY be rescheduled if you arrive late.  
\*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>\*

<p><b>PREPARATION AND INSTRUCTIONS</b></p> <p>These instructions are <b>IMPORTANT</b>. Please follow them.</p>	<p><b>PRÉPARATION ET CONSIGNES</b></p> <p>Ces consignes sont <b>IMPORTANTES</b>. S'il vous plaît veuillez les suivre.</p>
<p><b>Ultrasound Preparation and Instructions</b></p>	<p><b>Préparations et consignes pour échographie</b></p>
<p><b>Abdomen - Renal</b> No eating, drinking, smoking, or chewing gum 8 hours prior to appointment.</p> <p><b>Obstretical/Pelvis</b> Drink 34 oz or 1 litre of water 1 hour prior to appointment. <i>Do not go to the washroom.</i></p> <p><b>Transrectal Ultrasound</b></p> <ol style="list-style-type: none"> <li>1. A Fleet Enema or Glycerin Suppository 2 hours before exam.</li> <li>2. Drink 20oz of water 1 hour prior to exam</li> </ol> <p><b>Vascular Ultrasound</b> No preparations</p> <p><b>Xray</b> No preparations</p>	<p><b>Échographie Abdominale</b> Ne rien manger 8 heures avant l'examen, ne pas mâcher de gomme ni fumer.</p> <p><b>Échographie du bassin (obstétrique ou gynécologique)</b> Boire 1 litre d'eau une heure avant l'examen. <i>Ne pas aller à la salle de bain.</i></p> <p><b>Échographie Transrectale</b></p> <ol style="list-style-type: none"> <li>1. Un Fleet Enema ou Suppositoire glycérine 2 heures avant l'examen.</li> <li>2. Boire 20oz 1 heure avant l'examen.</li> </ol> <p><b>Échographie Vasculaire</b> Aucune preparation</p> <p><b>Xray</b> Aucune preparation</p>
<p><b>Bone Mineral Density</b></p>	<p><b>Densitometrie Osseuse</b></p>
<p>Do not take calcium supplements for 24 hours prior to examination. Patients are asked to wear clothing without zippers or metal attachments.</p>	<p>Ne pas prendre des suppléments de calcium 24 heures avant l'examen. Les patients sont invités à porter des vêtements sans fermeture éclair ou attaches métalliques.</p>
<p><b>Mammography</b></p>	<p><b>Mammographie</b></p>
<p>Remove any deodorant, powder and perfume prior to appointment.</p>	<p>Ne porter aucun parfum, déodorant ou poudre.</p>