PHYSICIANS DIAGNOSTIC
X-RAY AND ULTRASOUND CLINIC

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MONDAY TO FRIDAY
9 A.M. – 6 P.M.
SATURDAY
9 A.M. – 2 P.M.

FREE PARKING

Last Name:	First Name:	Health Card #:	Sex: M / F	Phone Number:

X-RAY

ABDOMEN
- ☐ Plain Film (KUB)
- ☐ Acute (3 views)

CHEST
- ☐ Chest
- Ribs ☐R ☐L & PA Chest
- ☐ Sternum
- ☐ S.C. Joints

HEAD & NECK
- ☐ Skull
- ☐ Soft Tissue of Neck
- ☐ Pituitary Fossa
- ☐ Mastoids
- ☐ I.A. Meati
- ☐ Nasal Bones
- ☐ Facial Bones
- ☐ Mandible
- ☐ T.M. Joints
- ☐R ☐L Orbits

SPINE & PELVIS
- ☐ Cervical Spine
- ☐ Dorsal Spine
- ☐ Lumbo-Sacral Spine
- ☐ Sarum & Coccyx
- ☐ S.I. Joints
- ☐ AP Pelvis
- ☐R ☐L Hip

SKELETAL SURVEY
- ☐ Metastatic Series
- ☐ Arthritis Series

KVP MAS

P. A. _____

Lat _____

Shielding ( )

Exam ( )

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

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

Signature: _____

CLINICAL INFORMATION:

FOR DR. OFFICE USE ONLY

MD: _____

CC: _____

FEMALE SONOGRAPHER AVAILABLE UPON REQUEST FOR ULTRALSOUND EXAMINATIONS

PLEASE BRING YOUR HEALTH CARD

FOR PREPERATIONS AND DIRECTIONS PLEASE TURN OVER

PLEASE BRING THIS REQUISITION FORM TO YOUR APPOINTMENT

ULTRASOUND

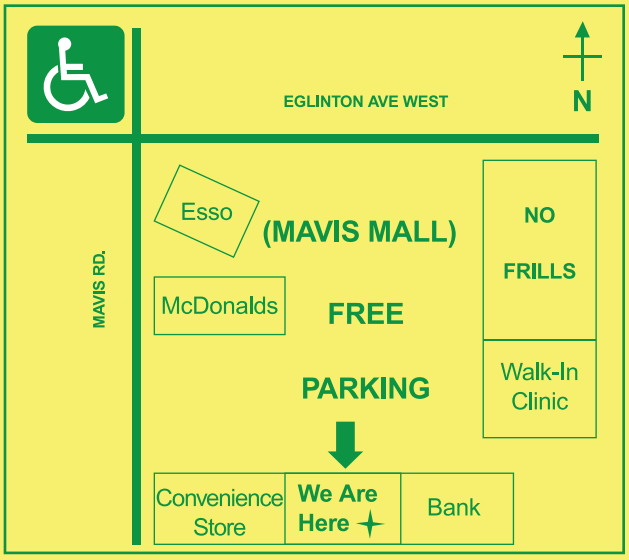
GENERAL
- ☐ Abdomen
- ☐ Renal + Bladder
- ☐ PVR Pre-Post Void Residual
- ☐ Female Pelvis
- ☐ Female Pelvis (Include Transvaginal)
- ☐ Male Pelvis
- ☐ Prostate (Include Transrectal)
- ☐ Testicular/Scrotal (☐ Rule Out Torsion)
- ☐ Hernia: _____
- ☐ Breast ☐R ☐L Bilat
- ☐ Thyroid ☐ Neck
- ☐ Abdominal Aortic Aneurysm
- ☐ Chest Masses/Pleural Effusion
- ☐ Other: _____

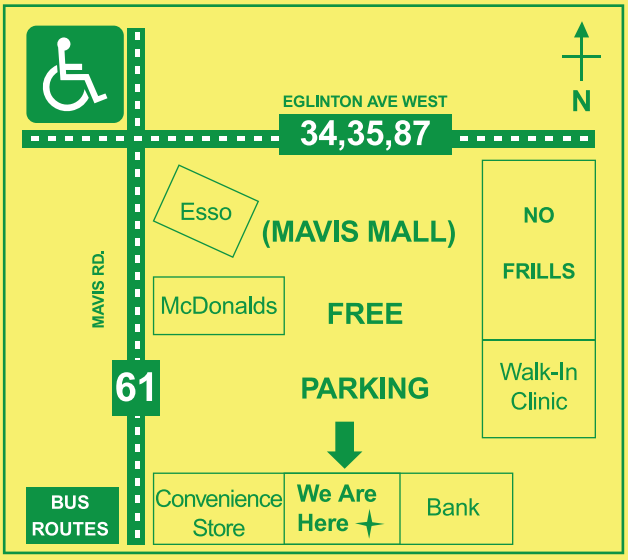
OBSTETRICAL
- ☐ Obstetrical – Dating
- ☐ Obstetrical – High Risk
- ☐ Nuchal Translucency – IPS (11-13 wks)
- ☐ Obstetrical – Anatomy Scan (18-20 wks)
- ☐ Obstetrical + Biophysical Profile (>30 wks)
- ☐ R/O Ectopic Pregnancy

EXTREMITIES
- ☐R ☐L ☐Bilat Shoulder
- ☐R ☐L ☐Bilat Elbow
- ☐R ☐L ☐Bilat Wrist
- ☐R ☐L ☐Bilat Hand
- ☐R ☐L ☐Bilat Hip
- ☐R ☐L ☐Bilat Knee
- ☐R ☐L ☐Bilat Ankle
- ☐R ☐L ☐Bilat Achilles Tendon
- ☐R ☐L ☐Bilat Hamstring
- ☐R ☐L ☐Bilat Foot + Plantar Fascia
- ☐R ☐L Other: _____

CARDIOVASCULAR
- ☐ Duplex Carotid Doppler
- ☐ Arterial Extremity Arm ☐R ☐L ☐Bilat
  Leg ☐R ☐L ☐Bilat
- ☐ Venous Extremity Arm ☐R ☐L ☐Bilat
  Leg ☐R ☐L ☐Bilat
- ☐ DVT
- ☐ Venous Reflux
- ☐ Duplex Renal Doppler
- ☐ Assess for Portal Hypertension

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





X-RAY PREPARATIONS

GENERAL X-RAY

- No preparation required

CARDIOVASCULAR PREPARATIONS

ECHOCARDIOGRAM :

- No caffeinated drinks the morning of your appointment
- Bring all the medications you are currently taking

EXERCISE STRESS-TEST:

- No caffeinated drinks the morning of your appointment
- Wear comfortable clothing and running shoes
- Bring all the medications you are currently taking
- Do NOT discontinue any medications without first consulting your doctor

HOLTER MONITOR:

- Patients are advised to take a shower the morning of their appointment
- Holters must be returned to the clinic within 24 hours

VASCULAR ULTRASOUND (ALL TYPES)

- No preparation required

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
- Nothing to eat or drink after midnight the night before
- Do not eat breakfast

PELVIS ULTRASOUND (ALL TYPES)

- Drink 4-5 glasses (or 2 small bottles) of clear fluids one hour before your appointment time (water, juice, black coffee or black tea)
- DO NOT VOID – a full bladder is necessary for the examination
- No fasting necessary

ABDOMEN AND PELVIS ULTRASOUND TOGETHER:

- Eat a fat free dinner the night before your appointment
- No dairy products or fried foods
- Nothing to eat after midnight the night before
- Drink 4-5 glasses (or 2 small bottles) of clear fluids one hour before your appointment time (water, juice, black coffee or black tea)
- DO NOT VOID – a full bladder is necessary for the examination

NO PREPARATION REQUIRED FOR THE FOLLOWING:

- Scrota/testicular ultrasound
- Thyroid ultrasound
- Musculoskeletal ultrasound (any type)

OBSTETRICAL ULTRASOUND

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

NUCHAL TRANSLUCENCY:

- Drink 3 glasses (or 1.5 small bottles) of clear fluids one hour before your appointment time (water, juice, black coffee or black tea)
- You must bring all the papers from your doctor (bloodwork requisition, I.P.S. screening paper, etc.) with you for your appointment

PROSTATE-TRANSRECTAL ULTRASOUND:

- Purchase a FLEET ENEMA from the pharmacy and follow the instructions in the package
- Self-administer the enema 2 hours before your appointment time.
- Drink 4-5 glasses (or 2 small bottles) of clear fluids one hour before your examination (water, juice, black coffee or black tea)
- DO NOT VOID – a full bladder is necessary for the examination