

Appointment	DAY	MONTH	YEAR	Location
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**Multiple clinics in the GTA to serve you.
See reverse for a convenient location nearest you.**

Arrive at least 15 minutes before your appointment and bring this form and your OHIP card.
If you arrive late, you may be rebooked at another time and date.

BODY HABITUS (IF KNOWN)	Height (cm) _____	Weight (kg) _____
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Patient's Last Name		Patient's First Name	
Address		Date of Birth (DD MM YYYY)	
City	Prov.	Postal Code	Phone #
Health Card #		VERSION CODE	
Referred By			
Address			
Phone #		Fax #	
Referring Physician's Signature			
Provider ID #			
CC Reports to		Date	

Clinical History (MANDATORY) STAT VERBAL Contact # _____



CARDIOLOGY SERVICES

<input type="checkbox"/> Graded exercise test (GXT)	<input type="checkbox"/> Echocardiography
<input type="checkbox"/> 24 hrs Holter monitor	<input type="checkbox"/> Carotid ultrasound
<input type="checkbox"/> 48 hrs Holter monitor	<input type="checkbox"/> Ambulatory Blood Pressure monitor (\$65)
<input type="checkbox"/> Loop/Cardiac Event monitor (2 weeks)	
<input type="checkbox"/> Resting ECG	

NUCLEAR CARDIOLOGY

Ventricular Function (MUGA)	Myocardial Perfusion	Visibility Study
<input type="checkbox"/> Resting	<input type="checkbox"/> Exercise	<input type="checkbox"/> Resting
<input type="checkbox"/> Exercise	<input type="checkbox"/> Persantine	<input type="checkbox"/> With stress
	<input type="checkbox"/> Dobutamine	

DIGITAL X-RAY | Walk-in appointments accepted



CHEST	<input type="checkbox"/> S.I. joints	LOWER EXTREMITIES	UPPER EXTREMITIES
<input type="checkbox"/> Chest (2 views)	<input type="checkbox"/> Pelvis	R L Bil	R L Bil
<input type="checkbox"/> Ribs & chest P.A. (OR OL OBil)	SKELETAL SURVEY	<input type="checkbox"/> Hip	<input type="checkbox"/> Shoulder
<input type="checkbox"/> Sternum	<input type="checkbox"/> Metastatic series	<input type="checkbox"/> Femur	<input type="checkbox"/> Clavicle
<input type="checkbox"/> Chest visa	<input type="checkbox"/> Arthritic series	<input type="checkbox"/> Knee	<input type="checkbox"/> Sternoclavicular joints
ABDOMEN	<input type="checkbox"/> Bone age	<input type="checkbox"/> Tib. & fib.	<input type="checkbox"/> A.C. joint
<input type="checkbox"/> Plain film (KUB 1 view)	HEAD & NECK	<input type="checkbox"/> Ankle	<input type="checkbox"/> Scapula
<input type="checkbox"/> Acute (2 views) + PA chest	<input type="checkbox"/> Soft tissue neck	<input type="checkbox"/> Foot	<input type="checkbox"/> Humerus
SPINE & PELVIS	<input type="checkbox"/> Skull	<input type="checkbox"/> Calcaneus	<input type="checkbox"/> Elbow
<input type="checkbox"/> Cervical spine	<input type="checkbox"/> Sinuses	<input type="checkbox"/> Toes	<input type="checkbox"/> Forearm
<input type="checkbox"/> Thoracic spine	<input type="checkbox"/> Orbits for MRI	#1 2 3 4 5	<input type="checkbox"/> Wrist
<input type="checkbox"/> Lumbar (L/S) spine	<input type="checkbox"/> Facial bones		<input type="checkbox"/> Hand
<input type="checkbox"/> L/S spine, pelvis & S.I. joints	<input type="checkbox"/> Nose		<input type="checkbox"/> Scaphoid
<input type="checkbox"/> Sacrum & coccyx	<input type="checkbox"/> Mandible		<input type="checkbox"/> Fingers
	<input type="checkbox"/> T.M. joints		#1 2 3 4 5
	<input type="checkbox"/> Adenoids		
	<input type="checkbox"/> Mastoids		

DIGITAL ULTRASOUND (By appointment only)

VASCULAR STUDIES	FEMALE PELVIS
<input type="checkbox"/> Carotid arteries	<input type="checkbox"/> Pelvis (includes transvaginal unless contraindicated)
<input type="checkbox"/> Renal arteries	MALE PELVIS
<input type="checkbox"/> Aorta	<input type="checkbox"/> Pelvis (transabdominal, includes bladder, prostate, seminal vesicles)
<input type="checkbox"/> Portal venous hypertension	<input type="checkbox"/> Prostate (transrectal includes transabdominal)
<input type="checkbox"/> Peripheral arterial legs (ABI)	US GUIDED PROCEDURES
<input type="checkbox"/> Peripheral arterial arms	<input type="checkbox"/> Sonohysterogram
<input type="checkbox"/> Peripheral venous legs (DVT)	<input type="checkbox"/> Thyroid FNA biopsy
OR OL OBil	<input type="checkbox"/> Other FNA _____
<input type="checkbox"/> Peripheral venous arms (DVT)	<input type="checkbox"/> US guided injection _____
OR OL OBil	MUSCULOSKELETAL
<input type="checkbox"/> Varicose vein assessment	R L Bil
GENERAL ULTRASOUND	<input type="checkbox"/> Face
<input type="checkbox"/> Abdomen	<input type="checkbox"/> Thyroid and neck
<input type="checkbox"/> Abdomen/pelvis complete	<input type="checkbox"/> Neck
<input type="checkbox"/> Abdomen/pelvis (KUB)	<input type="checkbox"/> Breast (OR OL OBil)
SMALL PARTS	<input type="checkbox"/> Chest
<input type="checkbox"/> Face	<input type="checkbox"/> Groin (OR OL OBil)
<input type="checkbox"/> Thyroid and neck	<input type="checkbox"/> Testes/Scrotum
<input type="checkbox"/> Neck	<input type="checkbox"/> Ophthalmic
<input type="checkbox"/> Breast (OR OL OBil)	<input type="checkbox"/> Soft tissue/lump
<input type="checkbox"/> Chest	OBSTETRICAL
<input type="checkbox"/> Groin (OR OL OBil)	<input type="checkbox"/> Dating
<input type="checkbox"/> Testes/Scrotum	<input type="checkbox"/> Combined NT + Anatomic (11-14 wks) + Anatomic (18-20 wks)
<input type="checkbox"/> Ophthalmic	OR NT _____
<input type="checkbox"/> Soft tissue/lump	OR Anatomic _____
<input type="checkbox"/> Face	<input type="checkbox"/> NT (11-14 wks)
<input type="checkbox"/> Thyroid and neck	<input type="checkbox"/> Anatomic (18-20 wks)
<input type="checkbox"/> Neck	<input type="checkbox"/> Fetal growth follow-up
<input type="checkbox"/> Breast (OR OL OBil)	<input type="checkbox"/> Biophysical profile
<input type="checkbox"/> Chest	<input type="checkbox"/> Twin Series ¹
<input type="checkbox"/> Groin (OR OL OBil)	<input type="checkbox"/> High Risk Twin Series ²
<input type="checkbox"/> Testes/Scrotum	<input type="checkbox"/> Follicular monitoring
<input type="checkbox"/> Ophthalmic	
<input type="checkbox"/> Soft tissue/lump	

DIGITAL MAMMOGRAPHY (FFDM)

By appointment only. See reverse for preparatory instructions and locations.

Lesion (please indicate site on image)

Previous: Yes No

Where: _____

When: _____

Clinical info: _____

BONE MINERAL DENSITOMETRY (BMD)

By appointment only. (No contrast or radioactive exam the previous week.)

Baseline (1st BMD) Low risk³ High risk (Every year)

Previous (required): Yes No

Where: _____ When: _____

Indication: _____

PATIENT INSTRUCTIONS

FOR CARDIOLOGY DIAGNOSTIC EXAMS

FOR 24 HOURS BEFORE YOUR TEST

- **DO NOT** drink any caffeinated or decaffeinated drinks such as: coffee, decaffeinated coffee, tea, Coke®, Pepsi®, Root Beer.
- **DO NOT** eat chocolate.
- **DO NOT** take any medications that may contain caffeine.

ON THE MORNING OF YOUR TEST

- Eat a light breakfast, then nothing to eat or drink for 3 hours prior to the test.
- **DO NOT** consume any caffeinated products.

DESCRIPTION OF PROCEDURE

- Upon arrival, you will have an IV inserted in your arm. All injections will be done through this IV line. You will then receive your first injection. The injection contains a small amount of radioactive material that will go to your heart muscle.
- Approximately 45 minutes after the injection, you will be asked to lie on your back and a special camera will be used to take a series of pictures. Once these pictures are complete, ECG leads will be placed on your chest.
- You will undergo a stress test as requested by your physician. The stress test can either be exercise stress on a treadmill or drug stress with intravenous dipyridamole (e.g., Persantine®) medication. Stress test can be done on the same day or on a different day depending on your condition.
- If you are scheduled for exercise, you will need comfortable shoes, shorts or sweat pants. During the stress test (exercise or dipyridamole), you will be given another injection of radioactive material.
- When this is completed, you will have 30-45 minutes to eat a light meal prior to your 2nd set of pictures.

FOR DIGITAL ULTRASOUND EXAMS

NO PREPARATION REQUIRED FOR THE FOLLOWING:

- Transvaginal ultrasound only (no pelvic exam)
- Musculoskeletal ultrasound
- Thyroid ultrasound
- Doppler/Vascular
- Breast ultrasound

PROSTATE/TRANSRECTAL

Drink 1 litre (four 8 oz glasses) 1 hour before appointment time. **DO NOT** go to the washroom as you must have a full bladder for the examination. You may eat regularly.

ABDOMEN

Includes studies of the **gall bladder, pancreas, spleen, liver, kidneys and aorta.** You will need to have an empty stomach for this exam. Nothing to eat or drink for 8 hours prior to your exam.

PELVIS OR OBSTETRICAL

Drink 1 litre (four 8 oz glasses) 1 hour before appointment time. **DO NOT** go to the washroom as you must have a full bladder for the examination. You may eat regularly. A transvaginal study may also be requested which involves the insertion of the ultrasound probe into the vagina for optimal visualization of the pelvic structures. The bladder will be emptied for this portion of the examination.

SONOHYSTEROGRAM

No preparation required. Please consider taking ibuprofen 1 hour prior to the exam as that often helps relax the uterus and lessen the cramping.

FOR DIGITAL RADIOLOGY EXAMS

DIGITAL X-RAY

If there is a possibility you may be pregnant, please contact your physician prior to the X-ray.

UPPER G.I. SERIES & BARIUM SWALLOW
(Booked for morning only)

Nothing to eat or drink after midnight. Patients are expected to fast through to the end of the procedure.

SMALL BOWEL EXAMINATION ONLY & UPPER G.I. SERIES AND SMALL BOWEL FOLLOW-THROUGH
(Booked for morning only)

Take 1 day before exam:

- 10 oz (chilled) magnesium citrate at 4:00 PM.
- At least 3 large glasses of water during the afternoon and evening prior to examination.
- Do not have anything to eat or drink after 10:00 PM until the examination is complete.

COLON EXAMINATION (BARIUM ENEMA)

You are required to be on clear fluids for the 2 days prior to this examination. Clear fluids may include fruit juice, bouillon, clear beef or chicken broth, consommé, gelatin, popsicles and coffee or tea with sugar.

2 days before exam: clear fluids.

1 day before exam: clear fluids and take

- 10 oz (chilled) magnesium citrate at 4:00 PM.
- 3 Dulcolax tablets at 6:00 PM (do not crush or chew tablets).
- At least 3 large glasses of water during the afternoon and evening prior to examination.

Day of the exam: may have clear fluids only until examination is complete.

DIGITAL MAMMOGRAPHY

On the day of the examination:

- After showering, do not use deodorant, antiperspirant or talcum powder as it may show up on the mammogram.
- Wear a 2-piece outfit for your comfort.

BONE MINERAL DENSITOMETRY (BMD)

No contrast or radioactive exam the previous week. Appointment should not be booked within 2 weeks (can be 1 week if necessary) of having any X-ray exams involving contrast agents or having had a nuclear medicine examination. On the day of the examination, do not take calcium supplements or iron tablets.

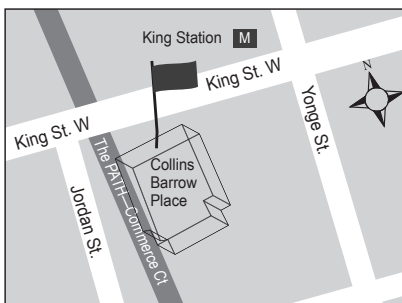
Yonge/King (The PATH)

11 King St W, Suite C-100
Toronto ON M5H 4C7

P: 416-864-1814 | F: 416-864-1499

X-ray | Ultrasound | MSK

Located in The PATH—Commerce Ct



Directions:

- From 11 King St. W, enter Collins Barrow Place building, take elevator down to level "C" (Lower Concourse) to The PATH.
- Turn left from elevator, walk 10 steps, Oxford Medical Imaging is on the right.

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>

OTHER CLINIC LOCATIONS

Bay/College (General)

790 Bay St, Unit #418
Toronto ON M5G 1N8
P: 416-260-9382 | F: 416-260-2274
X-ray | Ultrasound | MSK

Bay/College (Women's Imaging Centre)

790 Bay St, Unit #520
Toronto ON M5G 1N8
P: 416-260-1974 | F: 416-260-1687
Ultrasound

Thornhill (Bathurst & Steeles)

7131 Bathurst St, #LL03
Thornhill ON L4J 7Z1
P: 905-889-2400 | F: 905-889-2455
X-ray | Ultrasound | MSK

North York (Bathurst/Finch)

4949 Bathurst St, Unit #100
Toronto ON M2R 1Y1
P: 416-223-5460 | F: 416-223-8335
X-ray | Ultrasound | MSK | Mammo |
Thyroid Biopsy

Pickering (Kingston/Dixie)

1105 Kingston Rd, Suite D202
Pickering ON L1V 1B5
P: 905-420-3068 | F: 905-420-6057
X-ray | Ultrasound | MSK | Mammo | BMD

Newmarket (Leslie/Davis)

17215 Leslie St
Newmarket ON L3Y 8E4
P: 905-836-2626 | F: 905-836-5043
X-ray | Ultrasound | MSK | Mammo

CT/ MRI LOCATIONS

Ajax

300 Harwood Ave S
Ajax ON L1S 2J1
P: 905-426-8976
CT | MRI | Free Parking

Mississauga

The Emerald Centre
10 Kingsbridge Garden Circle
Mississauga ON L5R 3K6
P: 905-568-3768
CT | MRI | Ultrasound | Free Parking