

(U) ULTRASOUND (B) BONE DENSITY  
(M) MAMMOGRAM (X) X-RAY  
(V) VASCULAR



Dr. Alex Hartman & Dr. Rose Lee  
Medical Directors of Imaging

Ultrasound | X-Ray | BMD  
Mammography

**THORNHILL**

- Thornhill Diagnostic Imaging  
7330 Yonge Street, Suite 206 (UBMX) (OBSP)  
Yonge/Clark  
PH: 905-889-5926 FAX: 905-881-6284

**MARKHAM**

- Markham Ultrasound  
377 Church Street, Suite 305 (U)  
Church/Ninth Line  
PH: 905-472-4915 FAX: 905-472-4130
- Markham Women's Imaging Centre  
39 Main Street North, Unit 1 (UBM) (OBSP)  
Markham/Highway 7  
PH: 905-472-2713 FAX: 905-472-9003

**TORONTO**

- Bloor East Ultrasound (U)  
160 Bloor Street East, 15th Floor  
Bloor/Church  
PH: 416-572-9392 FAX: 416-645-3286
- Midtown Diagnostic Imaging (UBMX) (OBSP)  
1849 Yonge Street, Lower Level  
Yonge/Davisville  
PH: 416-485-9155 FAX: 416-485-9532
- North York Ultrasound (UV)  
4025 Yonge Street, Suite 215 (UV)  
Yonge/York Mills  
PH: 416-229-6887 FAX: 416-229-6614
- Reproductive Imaging (UV)  
655 Bay Street, 18<sup>th</sup> Floor  
Bay/Gerrard  
PH: 416-597-1933 FAX: 416-340-1218
- The Bay Centre (UV)  
655 Bay Street, 10<sup>th</sup> Floor  
Bay/Gerrard  
PH: 416-598-3523 FAX: 416-598-4943
- Toronto West Ultrasound (U)  
1560 Queen Street West  
Queen St. W./Jameson  
PH: 416-532-7948 FAX: 416-532-9291

**SCARBOROUGH**

- North Toronto Diagnostic Imaging (U)  
2938 Finch Ave. East, Unit B  
Finch/Victoria Park  
PH: 416-492-2228 FAX: 416-492-6589
- Sheppard Ultrasound (U)  
1780 Markham Road, Unit 5 & 6  
Sheppard/Markham  
PH: 416-291-4770 FAX: 416-291-9702

**ETOBICOKE**

- Etobicoke Women's Imaging (U)  
110 Queen's Plate Drive  
Rexdale/Highway 27  
PH: 647-288-4547 FAX: 647-288-4550

**OAKVILLE**

- Oakville Ultrasound (U)  
2035 Cornwall Road  
Cornwall/Ford  
PH: 905-337-7202 FAX: 905-337-8294

**NEWMARKET**

- Newmarket Women's Ultrasound (U)  
1111 Davis Drive, Unit 39  
Davis/Leslie  
PH: 905-967-1181 FAX: 905-967-0214

**Greater Toronto Area Requisition**

Name:  DOB:   
Address:  HIN:   
 PHONE:   
REFERRING DOCTOR:   
SIGNATURE:   
CC:   
 STAT  VERBAL Contact Number:

**ULTRASOUND**

- DUAL SCAN SERIES (NT SCAN 11-14 WKS + ANATOMICAL 18-20 WKS)
- ABDOMINAL  G.U. TRACT – KIDNEYS-BLADDER (PROSTRATE)  PELVIC
- THYROID  SCROTAL  TRANSVAGINAL
- OBSTETRICAL  NUCHAL TRANSLUCENCY  TRANSRECTAL
- MUSCULOSKELETAL  RT  LT  VASCULAR
- SONOHYSTEROGRAM
- SONOHYSTEROGRAM with ECHOVIST (for tubal patency investigation)
- FERTILITY MONITORING
- OTHER (Please specify):

**BREAST IMAGING**

- MAMMOGRAM  BREAST ULTRASOUND
- BIL  RT  LT



- Markham Women's Imaging Centre
- Midtown Diagnostic Imaging
- Thornhill Diagnostic Imaging

**X-RAY** (Please Specify)

**BONE DENSITOMETRY** - AXIAL BONE DENSITOMETRY OF HIP AND SPINE

- HIGH RISK (ONCE A YEAR)  ROUTINE (EVERY 5 YEARS)

**CLINICAL INFORMATION**

APPOINTMENT DATE AND TIME:

PATIENT INFORMATION ON THE BACK

**PLEASE BRING YOUR VALID ONTARIO HEALTH CARD (OHIP)  
TO EACH APPOINTMENT ALONG WITH THIS REQUISITION**

**IF YOU ARE UNABLE TO KEEP THIS APPOINTMENT, PLEASE GIVE AT LEAST 24 HOURS NOTIFICATION.**

APPOINTMENT	DAY	MONTH	YR.	HOUR
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**PREPARATION AND INSTRUCTIONS:** These instructions are **IMPORTANT**. Please follow them.

### **ULTRASOUND**

1. ABDOMEN (includes studies of the GALL BLADDER, PANCREAS, SPLEEN, LIVER, KIDNEYS and AORTA). If your appointment is in the morning, do not eat or drink anything after 8 p.m. the night before. If your appointment is in the afternoon, for breakfast you may eat dry toast, black tea, black coffee, juice up to 9 a.m. Nothing to eat or drink after that. These instructions are important as we require you to have an empty stomach.
2. PELVIS including TRANSVAGINAL (UTERUS, OVARIES, BLADDER) (also G.U. TRACT) and PREGNANCY (OBSTETRICAL). You must have **completed drinking** 1 hour before your appointment. Finish by . You must drink 32 oz./1 litre (4 large glasses) of fluids. This can include coffee, tea, juice, water, etc.– not milk.

**Do not go to the washroom.** You must have a full bladder for this examination. We will try to examine you as soon as possible on arrival so that you will not have to be uncomfortable for too long. Eat the meal nearest your examination – there is no reason not to eat.

3. ABDOMEN and PELVIS examinations combined.  
Do not eat anything 12 hours prior to the examination. Finish drinking 32 oz.(1 litre) of water, and **ONLY** water one hour before your examination. Finish drinking by . **Do not go to the washroom.**
4. PROSTATE WITH TRANSRECTAL  
32 oz./1 litre (4 large glasses) of water 1 hour before appointment. Do not go to the washroom. Finish by . Take mild laxative the evening before.  
(PROSTATE ONLY – OMIT LAXATIVE)

### **X-RAY**

5. Ladies who may be pregnant should not be x-rayed during the last two weeks of their menstrual cycle.

### **MAMMOGRAPHY**

6. On day of examination, after showering do not use deodorant, antiperspirant, or talcum powder on chest or underarms, since particles in these may show up on mammogram.

### **BONE MINERAL DENSITY**

7. On the day of examination do not take calcium supplements or iron tablets until after the examination is completed.

**PLEASE BRING YOUR VALID ONTARIO HEALTH CARD (OHIP)  
TO EACH APPOINTMENT ALONG WITH THIS REQUISITION**

**Please arrive 10 minutes prior to your appointment for registration  
LATE arrival may require re-booking**

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>