

Waterloo Region Clinics

(UXMBV) (OBSP)
 Victoria X-Ray, Ultrasound,
 Mammography & Bone Density
 751 Victoria St. South, Ste. B100
 Kitchener
 Tel: 519-742-2636 Fax: 519-742-9717

(UXMB) (OBSP)
 University Avenue X-Ray, Ultrasound,
 Mammography & Bone Density
 65 University Ave. E.,
 Waterloo
 Tel: 519-746-3457 Fax: 519-886-8212

(UXB)
 Fairway X-Ray, Ultrasound & Bone Density
 385 Fairway Road South,
 Kitchener
 Tel: 519-748-6844 Fax: 519-748-5306

(UXMB) (OBSP)
 Canamera X-Ray, Ultrasound,
 Mammography & Bone Density
 350 Conestoga Blvd, Unit B9,
 Cambridge
 Tel: 519-623-9464 Fax: 519-623-6736

(UX)
 Grandview X-Ray & Ultrasound
 167 Hespeler Road,
 Cambridge
 Tel: 519-623-6060 Fax: 519-623-2947

TRUE NORTH IMAGING

IMAGING REQUISITION

Waterloo Region Clinics

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

www.truenorthimaging.com

Name: DOB:

Address:

HIN:

PHONE:

ULTRASOUND

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

- PELVIC
- TRANSVAGINAL
- TRANSRECTAL
- VASCULAR

BREAST IMAGING

- MAMMOGRAM BREAST ULTRASOUND
- BIL RT LT



ONTARIO BREAST
 SCREENING PROGRAM
 519-742-7599

BONE DENSITOMETRY - AXIAL BONE DENSITOMETRY OF HIP AND SPINE

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

X-RAYS

CHEST

- CHEST PA & LAT
- CHEST PA
- STERNUM
- RIBS & CHEST PA

B R L

SPINE & PELVIC

- CERVICAL SPINE
- THORACIC SPINE
- LUMBAR SPINE
- SACRUM / COCCYX
- SACROILIAC JOINTS
- SCOLIOSIS
- SKELETAL SURVEY
- PELVIS
- PELVIS & HIPS

ABDOMEN

- KUB
- ACUTE ABD

HEAD & NECK

- NECK (SOFT TISSUE)
- SKULL
- ORBITS
- ORBITS FOR FOREIGN
- BODY
- FACIAL BONES
- NASAL BONES
- MANDIBLE
- SINUS
- TM JOINTS
- ADENOIDS

UPPER EXTREMITIES

- R L SHOULDER
 - CLAVICLE
 - AC JOINT
 - SCAPULA
 - HUMERUS
 - ELBOW
 - FOREARM
 - WRIST
 - SCAPHOID
 - BONE AGE, HAND & WRIST
 - HAND
 - FINGER
- DIGIT: 1 2 3 4 5

LOWER EXTREMITIES

- R L HIP
 - FEMUR
 - KNEE
 - TIB / FIB
 - ANKLE
 - FOOT
 - TOE
- DIGIT: 1 2 3 4 5
- Os calcis
 OTHER (PLEASE SPECIFY)

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

CLINICAL INFORMATION

REFERRING DOCTOR:

SIGNATURE:

CC:

STAT VERBAL Contact Number:

PLEASE BRING THIS REQUISITION WITH YOU TO YOUR APPOINTMENT

You must follow instructions on reverse side

• Please arrive 10 minutes prior to your appointment for registration.

• LATE arrivals may require re-booking.



Patient Instructions on Back.

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.

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>