

**Kitchener**

**Victoria X-Ray, Ultrasound, Mammography & BMD**

(UBMX)(OBSP)  
751 Victoria St. South, Ste. B100  
Victoria St. S/Westmount Road  
PH:519-742-2636 FAX:519-742-9717

**Fairway X-Ray, Ultrasound & Bone Density (UXB)**

385 Fairway Road South  
Fairway Rd. S. / Wilson Ave.  
PH:519-748-6844 FAX:519-748-5306

**Frederick X-Ray & Ultrasound (UX)**

385 Frederick Street, Unit 20A  
Kitchener, ON N2H 2P2  
PH:519-749-9555 Fax:519-749-9312

**Greenbrook X-Ray & Ultrasound (UX)**

421 Greenbrook Drive, Unit 23A  
Kitchener, ON N2M 4K1  
PH:519-569-8592 FAX:519-569-7286

**Waterloo**

**University Avenue X-Ray, Ultrasound, Mammography & Bone Density (UXMBV)(OBSP)**

65 University Ave. E.,  
University Ave. E./Weber St. N.  
PH:519-746-3457 FAX:519-886-8212

**The Boardwalk Diagnostic Imaging (UXMB)(OBSP)**

430 The Boardwalk, Suite 108  
Waterloo, ON N2T 0C1  
PH:519-576-8760 FAX:226-215-3183

**Cambridge**

**Canamera X-Ray, Ultrasound, Mammography & Bone Density (UXMBV)(OBSP)**

350 Conestoga Blvd, Unit B9  
Conestoga Blvd/ Can-amera Pkwy  
PH:519-623-9464 FAX:519-623-6736

**Grandview X-Ray & Ultrasound (UX)**

167 Hespeler Road,  
Hespeler Road/ Munch Ave.  
PH:519-623-6060 FAX:519-623-2947



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

www.truenorthimaging.com

**Kitchener-Waterloo Area Requisition**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ HIN: \_\_\_\_\_

Phone: \_\_\_\_\_

**ULTRASOUND**

- Abdominal  G.U. Tract - Kidneys-Bladder(Prostate)  Pelvic
- Thyroid  Scrotal  Transvaginal
- Musculoskeletal \_\_\_\_\_  RT  LT  Transrectal
- Dating < 16 weeks  NT 11-14 Weeks (IPS/eFTS)  Fetal Growth  Vascular
- Anatomic 18-20 Weeks  Biophysical Profile(BPP)  Fertility Monitor Cycle
- Sonohysterogram. Incl. Preliminary Female Pelvis Study
- Sonohysterogram (Tubal Patency Investigation) Incl. Preliminary Female Pelvis Study
- Other (Please specify): \_\_\_\_\_

**BREAST IMAGING**

- Mammogram  Breast Ultrasound
- BIL  RT  LT



Ontario Breast Screening Program

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

- High Risk(Once a year)  Routine(Every 5 Years)

**X-RAYS**

- |   |   |  |   |
|---|---|--|---|
| <b>CHEST</b>  | <b>ABDOMEN</b>                              | <b>Upper Extremities</b>   | <b>LOWER EXTREMITIES</b>                                    |
| <input type="checkbox"/> Chest PA & Lat                                 | <input type="checkbox"/> KUB                | R L  | R L   |
| <input type="checkbox"/> Chest PA                                       | <input type="checkbox"/> Acute ABD          | <input type="checkbox"/> <input type="checkbox"/> Shoulder               | <input type="checkbox"/> <input type="checkbox"/> Hip       |
| <input type="checkbox"/> Sternum  | <b>HEAD &amp; NECK</b>                      | <input type="checkbox"/> <input type="checkbox"/> Clavicle               | <input type="checkbox"/> <input type="checkbox"/> Femur     |
| <input type="checkbox"/> Ribs & Chest PA                                | <input type="checkbox"/> Orbits for Foreign | <input type="checkbox"/> <input type="checkbox"/> AC Joint               | <input type="checkbox"/> <input type="checkbox"/> Knee      |
| <input type="radio"/> B <input type="radio"/> R <input type="radio"/> L | <input type="checkbox"/> Body               | <input type="checkbox"/> <input type="checkbox"/> Scapula                | <input type="checkbox"/> <input type="checkbox"/> TIB/FIB   |
| <b>SPINE &amp; PELVIC</b>   | <input type="checkbox"/> Neck (Soft Tissue) | <input type="checkbox"/> <input type="checkbox"/> Humerus                | <input type="checkbox"/> <input type="checkbox"/> Ankle     |
| <input type="checkbox"/> Cervical Spine                                 | <input type="checkbox"/> Skull              | <input type="checkbox"/> <input type="checkbox"/> Elbow                  | <input type="checkbox"/> <input type="checkbox"/> Foot      |
| <input type="checkbox"/> Thoracic Spine                                 | <input type="checkbox"/> Orbits             | <input type="checkbox"/> <input type="checkbox"/> Forearm                | <input type="checkbox"/> <input type="checkbox"/> Toe       |
| <input type="checkbox"/> Lumbar Spine                                   | <input type="checkbox"/> Facial Bones       | <input type="checkbox"/> <input type="checkbox"/> Wrist                  | <input type="checkbox"/> Digit: 1 2 3 4 5                   |
| <input type="checkbox"/> Sacrum / Coccyx                                | <input type="checkbox"/> Nasal Bones        | <input type="checkbox"/> <input type="checkbox"/> Saphoid                | <input type="checkbox"/> <input type="checkbox"/> OS Calcis |
| <input type="checkbox"/> Sacroiliac Joints                              | <input type="checkbox"/> Mandible           | <input type="checkbox"/> <input type="checkbox"/> Bone Age, Hand & Wrist |   |
| <input type="checkbox"/> Skeletal Survey                                | <input type="checkbox"/> TM Joints          | <input type="checkbox"/> <input type="checkbox"/> Finger                 |   |
| <input type="checkbox"/> Pelvis   | <input type="checkbox"/> Adenoids           | Digit: 1 2 3 4 5   |   |
| <input type="checkbox"/> Pelvis & Hips                                  |   | Other (Please Specify): _____  |   |

(U)Ultrasound (X) X-RAY  
(M) Mammography  
(B) Bone Mineral Density  
(V) Vascular Ultrasound

**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.**

**CLINICAL INFORMATION**

Empty box for clinical information

Referring Doctor: \_\_\_\_\_

Signature: \_\_\_\_\_

CC: \_\_\_\_\_

STAT  VERBAL Contact Number: \_\_\_\_\_

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

APPOINTMENT	DAY	MONTH	YR.	HOUR

**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>