

THORNHILL

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



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

www.truenorthimaging.com

MARKHAM

- Markham Ultrasound** (U)
377 Church Street, Suite 305
Church/Ninth Line
PH:905-472-4915 FAX:905-472-1326
- Markham Women's Imaging Centre**
(UBM)(OBSP)
39 Main Street North, Unit 1
Markham/Highway 7
PH:905-472-2713 FAX:905-472-9003

Greater Toronto Area Requisition

Name: _____ DOB: _____

Address: _____ HIN: _____

Phone: _____

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
Yonge/York Mills
PH: 416-229-6887 FAX:416-229-6614

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): _____

- Bay Street Ultrasound** (UV)
655 Bay Street, 18th Floor
Bay/Gerrard
PH: 416-597-1933 FAX: 416-340-1218

BREAST IMAGING

- Mammogram Breast Ultrasound
- BIL RT LT



Ontario Breast Screening Program

- Toronto West Ultrasound** (U)
1560 Queen Street West
Queen St. W/Jameson
PH:416-532-7948 FAX:416-532-9291

BONE DENSITOMETRY - AXIAL BONE DENSITOMETRY OF HIP AND SPINE

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

X-RAYS

- | | | | |
|---|---|--|---|
| CHEST | ABDOMEN | Upper Extremities | LOWER EXTREMITIES |
| <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 | HEAD & NECK | <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 |
| SPINE & PELVIC | <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 | Digit: 1 2 3 4 5 |
| <input type="checkbox"/> Sacrum / Coccyx | <input type="checkbox"/> Nasal Bones | <input type="checkbox"/> <input type="checkbox"/> Scaphoid | <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"/> Scoliosis | <input type="checkbox"/> TM Joints | <input type="checkbox"/> <input type="checkbox"/> Finger | |
| <input type="checkbox"/> Skeletal Survey | <input type="checkbox"/> Adenoids | Digit: 1 2 3 4 5 | |
| <input type="checkbox"/> Pelvis | | Other (Please Specify): _____ | |
| <input type="checkbox"/> Pelvis & Hips | | | |

SCARBOROUGH

- Sheppard Diagnostic Imaging** (UBMX)
1780 Markham Rd., Unit 5 & 6
Sheppard/Markham
PH:416-291-4770 FAX:416-291-9702

ETOBICOKE

- Etobicoke Diagnostic Ultrasound** (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

(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.

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

APPOINTMENT	MONTH	DAY	YR.	TIME

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>