



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

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905-695-9695

### GREATER TORONTO AREA REQUISITION

Bay Street Ultrasound

Burlington Ultrasound

Etobicoke Diagnostic Ultrasound

Markham Ultrasound

Markham Women's Imaging

Midtown Diagnostic Imaging

North York Ultrasound

Oakville Ultrasound

Oshawa Ultrasound

Sheppard Diagnostic Imaging

Thornhill Diagnostic Imaging

### PATIENT INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Preferred Name: \_\_\_\_\_ Pronouns: \_\_\_\_\_  
DOB: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
HealthCard #: \_\_\_\_\_ Version Code: \_\_\_\_\_

### CLINICIAN INFORMATION

Referring Clinician: \_\_\_\_\_  
Billing Provider Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Signature: \_\_\_\_\_ CC: \_\_\_\_\_

### CLINICAL INFORMATION

STAT VERBAL Cell/Backline#: \_\_\_\_\_

### ULTRASOUND

#### GENERAL ULTRASOUND

Abdomen  
G.U Tract  
(Kidneys & Bladder)

#### PELVIS

Pelvis  
Transvaginal  
Fertility Monitoring Cycle

#### SMALL PARTS

Thyroid and Neck  
Testes/Scrotum  
Soft Tissue/Lump

#### MUSCULOSKELETAL

R L B

Please Specify:

#### VASCULAR

R L B

Please Specify:

#### OBSTETRICAL

Twin Pregnancy  
Dating < 16 Weeks  
NT (11w2d-13w3d)  
Anatomic 18-20 Weeks  
Fetal Growth  
Biophysical Profile (BPP)

#### SONOHYSTEROGRAM PROCEDURES

Preliminary Pelvis  
Preliminary Transvaginal  
Sonohysterogram  
Sonohysterogram with Tubal  
Patency Investigation

#### OTHER:

### X-RAY

#### ABDOMINAL

KUB  
Acute ABD (3 views)

#### CHEST

Chest PA & LAT  
Chest PA Ins/Exp & Lat  
Chest PA  
Ribs R L B  
Immigration Chest

#### SPINE AND PELVIS

Cervical Spine  
Thoracic Spine  
Lumbar Spine  
Sacrum & Coccyx  
Sacroiliac Joints  
Pelvis

#### HEAD AND NECK

Skull  
Sinuses (Non-OHIP)  
Facial Bones  
Nasal Bones  
T.M. Joints  
Soft Tissue Neck  
Orbits

MIDTOWN, SHEPPARD & THORNHILL LOCATIONS ONLY

#### UPPER EXTREMITIES

R L B

Shoulder  
Clavicle  
A.C. Joints  
Humerus  
Elbow  
Forearm  
Wrist  
Hand  
Finger 1 2 3 4 5  
Bone Age

#### LOWER EXTREMITIES

R L B

Hip  
Femur  
Knee  
Tibia/Fibula  
Ankle  
Foot  
Toe 1 2 3 4 5

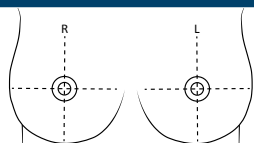
OTHER: Please Specify

Yes No

#### PREGNANT

### BREAST IMAGING

### BONE MINERAL DENSITY(BMD)



Indicate abnormality on diagram

Mammogram Implants R L Bilateral  
Breast Ultrasound R L Bilateral  
Ontario Breast Screening Program (OBSP)

Baseline Study  
Low Risk  
High Risk  
Date of Last Exam: \_\_\_\_\_

BAY STREET ULTRASOUND		BURLINGTON ULTRASOUND	ETOBICOKE DIAGNOSTIC ULTRASOUND
655 Bay Street, 18th Floor Toronto, Ontario. M5G 2K4 <i>Bay Street/Elm Street</i> <b>P: 416-597-1933   F: 416-340-1218</b> <b>Services:</b> Ultrasound, Vascular		3115 Harvester Road, Unit 301 Burlington, Ontario. L7N 3N8 <i>Harvester Road/S Service Road</i> <b>P: 289-337-4888   F: 437-567-4186</b> <b>Services:</b> Ultrasound	110 Queen's Plate Drive, Unit A Etobicoke, Ontario. M9W 0B4 <i>Queen's Plate Drive/Nearctic Drive</i> <b>P: 647-288-4547   F: 647-288-4550</b> <b>Services:</b> Ultrasound
MARKHAM ULTRASOUND		MARKHAM WOMEN'S IMAGING CENTRE	MIDTOWN DIAGNOSTIC IMAGING
377 Church Street, Suite 305 Markham, Ontario. L6B 1A1 <i>Church Street/Ninth Line</i> <b>P: 905-472-4915   F: 905-472-1326</b> <b>Services:</b> Ultrasound		39 Main Street North, Unit 1 Markham, Ontario. L3P 1X3 <i>Markham Road/Highway 7</i> <b>P: 905-472-2713   F: 905-472-9003</b> <b>Services:</b> Ultrasound, Mammography, Ontario Breast Screening Program	1849 Yonge Street, Lower Level Toronto, Ontario. M4S 1Y2 <i>Yonge Street/Davisville Avenue</i> <b>P: 416-485-9155   F: 416-485-9532</b> <b>Services:</b> Ultrasound, Mammography, Bone Mineral Density, X-Ray, Ontario Breast Screening Program
NORTH YORK ULTRASOUND		OAKVILLE ULTRASOUND	OSHAWA DIAGNOSTIC IMAGING
4025 Yonge Street, Suite 215 Toronto, Ontario. M2P 2E9 <i>Yonge Street/York Mills Road</i> <b>P: 416-229-6887   F: 416-229-6614</b> <b>Services:</b> Ultrasound, Vascular		2035 Cornwall Road Oakville, Ontario. L6J 7S2 <i>Cornwall Road/Maple Grove Drive</i> <b>P: 905-337-7202   F: 905-337-8294</b> <b>Services:</b> Ultrasound	419 King Street West, Office Galleria, Suite #110 Oshawa, Ontario. L1J 2K5 <i>King Street/Stevenson Road</i> <b>P: 905-674-0594   F: 905-674-0619</b> <b>Services:</b> Ultrasound
SHEPPARD DIAGNOSTIC IMAGING		THORNHILL DIAGNOSTIC IMAGING	PREPARATION AND INSTRUCTIONS
1780 Markham Road, Unit 5 & 6 Scarborough, Ontario. M1B 2W2 <i>Markham Road/Sheppard Avenue</i> <b>P: 416-291-4770   F: 416-291-9702</b> <b>Services:</b> Ultrasound, Mammography, Bone Mineral Density, X-Ray, Ontario Breast Screening Program		7330 Yonge Street, Suite 206 Thornhill, Ontario. L4J 1V8 <i>Yonge Street/Clark Avenue</i> <b>P: 905-889-5926   F: 905-881-6284</b> <b>Services:</b> Ultrasound, Mammography, Bone Mineral Density, X-Ray, Ontario Breast Screening Program	These instructions are <b>IMPORTANT</b> . Please follow them carefully. Please arrive <b>10 MINUTES PRIOR</b> to your appointment for registration. LATE arrival may require rebooking. Please bring your valid <b>ONTARIO HEALTH CARD (OHIP)</b> to each appointment, along with this requisition.
ULTRASOUND			
<ul style="list-style-type: none"> <li>• <b>ABDOMEN (includes studies of the GALL BLADDER, PANCREAS, SPLEEN, LIVER, KIDNEYS and AORTA)</b>  <u>Morning (before 1pm):</u> No solid foods or liquids after midnight. You are required to have an empty stomach.  <u>Afternoon (after 1pm):</u> You may eat a light breakfast (<i>dry toast, black tea or coffee, juice</i>) before 8:00am. No dairy products.            Do not eat lunch as you are required to have an empty stomach.</li> <li>• <b>PELVIS and OBSTETRICAL including TRANSVAGINAL (UTERUS, OVARIES, BLADDER) (also G.U. TRACT)</b>            Complete drinking 32oz/1 litre (4 glasses) of fluids <u>1 hour before your appointment</u> (finish by _____).  <b>Do NOT go to the washroom.</b> We will examine you as soon as possible. You may eat regularly.</li> <li>• <b>ABDOMEN and PELVIS</b>            Preparation same as ABDOMEN. Also, complete drinking 32oz/1 litre (4 glasses) of water <u>1 hour before your appointment</u>.  <b>Do NOT go to the washroom.</b></li> </ul>			
X-RAY			
Persons who may be pregnant should <b>NOT</b> be x-rayed during the last two weeks of their menstrual cycle.			
MAMMOGRAPHY			
On day of examination: after showering do NOT use deodorant, antiperspirant, or talcum powder on chest or underarms as these particles may show up on mammogram.			
BONE MINERAL DENSITY			
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 health care services including hospitals accepting community referrals and community surgical and diagnostic centres, such as those listed on the website: <a href="https://www.ontario.ca/page/community-surgical-and-diagnostic-centres#section-1">https://www.ontario.ca/page/community-surgical-and-diagnostic-centres#section-1</a>			