Ontario Radiology+

FEMALE TECHNOLOGIST AVAILABLE
RADIOLOGISTS PRESENT ONSITE
Email: info@ontrad.ca
Visit us at www.ontrad.ca

ontario breast screening program
a cancer care ontario program

FREE PARKING

Appointment Date and Time
Date:
Time:

Name | D.O.B. | Sex ☐ M ☐ F | Health No. & V.C.

Address: | Tel:

☐ **STAT** ☐ **VERBAL**

VASCULAR ULTRASOUND *(BY APPOINTMENT ONLY)*

- ☐ Carotid ☐ Renal
- ☐ Arterial Extremity ☐ ARM ☐L ☐R ☐B ☐ LEG ☐L ☐R ☐B
- ☐ Venous Extremity ☐ ARM ☐L ☐R ☐B ☐ LEG ☐L ☐R ☐B

ULTRASOUND EXAMINATION *(BY APPOINTMENT ONLY)*

GENERAL
- ☐ Abdomen
- ☐ Abdomen + Fibrosis
- ☐ Abdomen + NAFLD
- ☐ Abdomen + ALD (Alcoholic Liver Disease)
- ☐ Pelvic
- ☐ Transvaginal
- ☐ Renal + Bladder
- ☐ PVR-Post Void Residual
- ☐ Abdominal Wall
- ☐ Prostate-Transrectal
- ☐ Testicular / Scrotum
- ☐ Transvaginal
- ☐ Aorta
- ☐ Inguinal Canal/Hernia
- ☐ Thyroid
- ☐ Neck Mass
- ☐ Salivary Glands

LIVER (Non-OHIP)
- ☐ Fibrosis
- ☐ NAFLD
- ☐ ALD (Alcoholic Liver Disease)

ULTRASOUND GUIDED PROCEDURES *(WILSON LOCATION)*
- ☐L ☐R Thyroid FNA
- ☐L ☐R Lymph Mode FNA
- ☐L ☐R Bursa
- ☐L ☐R Joints
- ☐L ☐R Tendons
- ☐L ☐R Foot

OBSTETRICAL
- ☐ OB Dating (<16wks)
- ☐ IPS (NT) (11-13 wks, 6 days)
- ☐ OB Routine Anatomy Scan (18-20wks)
- ☐ Biophysical Profile (> 30wks)
- ☐ OB High Risk
- ☐ OB Follow Up
- ☐ **HYSTEROSONOGRAM**

MUSCULOSKELETAL
- ☐L ☐R ☐B Hip
- ☐L ☐R ☐B Hamstring
- ☐L ☐R ☐B Knee
- ☐L ☐R ☐B Achilles Tendon
- ☐L ☐R ☐B Ankle
- ☐L ☐R ☐B Foot
- ☐L ☐R ☐B Shoulder
- ☐L ☐R ☐B Elbow
- ☐L ☐R ☐B Wrist
- ☐L ☐R ☐B Other Muscle Area
- ☐L ☐R ☐B Other Soft Tissue

BREAST IMAGING *(BY APPOINTMENT ONLY)*

MAMMOGRAPHY ☐ ⊕Left ☐ ⊕Right ☐ Bilateral

By signing this requisition you are authorizing your patient to be referred on your behalf to William Osler Health System for additional breast assessment as needed _____

BREAST ULTRASOUND ☐ Left ☐ Right ☐ Bilateral

BONE DENSITY *(NO APPOINTMENT REQUIRED)*

☐ Baseline ☐ 3 yr - First follow up ☐ High Risk - 1 yr

CARDIOLOGY

- ☐ Echocardiogram
- ☐ Stress Echocardiogram
- ☐ Holter Monitor 48hrs 72hrs 1wk 2wks
- ☐ Resting ECG
- ☐ Stress ECG/GXT

CONSULTATIONS
☐ Cardiology ☐ Internal Medicine

X-RAY *(NO APPOINTMENT REQUIRED)*

ABDOMEN
- ☐ Single view (KUB)
- ☐ Acute (includes Chest PA)

HEAD & NECK
- ☐ Skull
- ☐ Sinuses
- ☐ Soft Tissue of Neck
- ☐ Nasal Bones
- ☐ Facial Bones
- ☐ Mandible
- ☐ T.M. Joints
- ☐ Orbits

CHEST
- ☐ Chest (PA & LAT)
- ☐ Ribs ☐L ☐R ☐B (Includes Chest PA)
- ☐ Sternum
- ☐ S.C. Joints
- ☐ Immigration Chest (PA)

UPPER EXTREMITIES
- ☐L ☐R Shoulder
- ☐L ☐R Clavicle
- ☐B A.C. Joints
- ☐L ☐R Scapula
- ☐L ☐R Humerus
- ☐L ☐R Elbow
- ☐L ☐R Forearm
- ☐L ☐R Wrist
- ☐L ☐R Scaphoid
- ☐L ☐R Hand
- ☐L ☐R Finger - N° 1 2 3 4 5

SKELETAL SURVEY
- ☐ Metastatic Series
- ☐ Arthritic Series
- ☐ Metabolic Series
- ☐ Bone Age

LOWER EXTREMITIES
- ☐L ☐R Hip
- ☐L ☐R Femur
- ☐L ☐R Knee
- ☐L ☐R Tib & Fib
- ☐L ☐R Ankle
- ☐L ☐R Foot
- ☐L ☐R Calcaneus
- ☐L ☐R Toes - N° 1 2 3 4 5

SPINE & PELVIS
- ☐ Cervical Spine
- ☐ Thoracic Spine
- ☐ Lumbo-Sacral Spine
- ☐ Sacrum & Coccyx
- ☐ S.I. Joints
- ☐ AP Pelvis
- ☐ Pelvis & Hip ☐L ☐R ☐B
- ☐ Scoliosis Series

I DECLARE THAT I AM NOT PRESENTLY PREGNANT _____
SIGNATURE

CLINICAL INFORMATION REQUIRED:

MD:_____

CC:_____ ☐ **X-RAY** ☐ **ULTRASOUND**

RR IMAGING (Paid Parking)

☐ 234 Eglinton Ave E, Unit 207
Toronto, ON M4P 1K5
Ph: 416-485-9471 Fax: 416-485-9309
CLINIC HOURS
Mon-Friday: 7:00 AM to 6 PM
Saturday: 8:00 AM to 3 PM
• X-RAY • ULTRASOUND

NORTH YORK

☐ 491 Lawrence Ave W, LL2
North York, ON, M5M 1C7
Ph: 416-781-9940 Fax: 416-781-7175
CLINIC HOURS
Mon-Friday: 8:00 AM to 6 PM
Saturday: 8:00 AM to 3 PM
• X-RAY • ULTRASOUND • BMD • MAMMOGRAPHY

HUMBER DIAGNOSTICS

☐ 1017 Wilson Ave, Suite 100
North York, ON M3K 1Z1
Ph: 416-631-7581 Fax: 416-631-9759
CLINIC HOURS
Mon-Thurs: 8:00 AM to 6 PM
Friday: 8:00 AM to 5 PM
Saturday: 8:00 AM to 3 PM
• X-RAY • ULTRASOUND • BMD • CARDIOLOGY

ALBION

☐ 1525 Albion Rd, LL4
Etobicoke, ON, M9V 5G5
Ph: 416-741-5661 Fax: 416-741-6417
CLINIC HOURS
Mon-Friday: 7:00 AM to 6 PM
Saturday: 8:00 AM to 3 PM
• X-RAY • ULTRASOUND • BMD • MAMMOGRAPHY
• VASCULAR ULTRASOUND

HUMBER

☐ 100 Humber College Blvd, Suite 106A
Rexdale, ON, M9V 5G4
Ph: 416-745-4550 Fax: 416-745-4048
CLINIC HOURS
Mon-Friday: 8:00 AM to 6 PM
Saturday: 8:00 AM to 3 PM
Sunday: 9:00 AM to 3 PM
• X-RAY • ULTRASOUND

REXDALE

☐ 123 Rexdale Blvd, Unit 6
Etobicoke, ON M9W 1P1
Ph: 416-746-3828 Fax: 416-746-6397
CLINIC HOURS
Mon-Friday: 8:00 AM to 6 PM
Saturday: 8:00 AM to 3 PM
• X-RAY • ULTRASOUND • BMD

INNISFIL

☐ 7869 Yonge St, Unit 3
Stroud, Innisfil, ON L9S 1K8
Ph: 705-431-0000 Fax: 705-431-0041
CLINIC HOURS
Mon-Friday: 8:00 AM to 4 PM
Saturday: 8:00 AM to 3 PM
• BMD • MAMMOGRAPHY • VASCULAR

YONGE

☐ 1366 Yonge St, Suite 101
Toronto, ON, M4T 3A7
Ph: 416-975-8951 Fax: 416-975-8610
CLINIC HOURS
Mon-Friday: 8:30 AM to 4 PM
Saturday: 9:00 AM to 3 PM
• X-RAY • ULTRASOUND • BMD
• VASCULAR ULTRASOUND

DR's OFFICE STAMP

DOCTOR, PLEASE PRINT YOUR NAME AS WELL

PLEASE BRING YOUR HEALTH CARD & THIS REQUEST FORM *Last Patient Registration Half an Hour Before Closing*
This requisition form can be taken to any licensed facility providing healthcare services including hospitals and IHFs, such as those on the IHF Program website

05/25

X-RAY • MAMMOGRAPHY • ULTRASOUND • VASCULAR ULTRASOUND • BMD • CARDIOLOGY

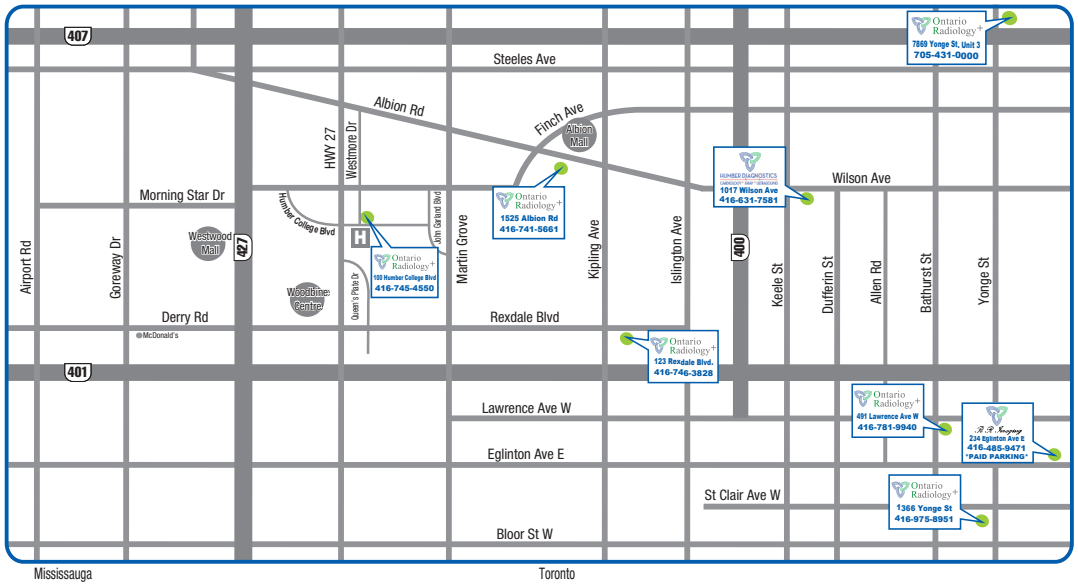
- ❑ 234 EGLINTON AVE E - TO MAKE APPT. CALL 416-485-9471
- ❑ 491 LAWRENCE AVE W - TO MAKE APPT. CALL 416-781-9940
- ❑ 1017 WILSON AVE - TO MAKE APPT. CALL 416-631-7581
- ❑ 1525 ALBION RD - TO MAKE APPT. CALL 416-741-5661
- ❑ 100 HUMBER COLLEGE BLVD - TO MAKE APPT. CALL 416-745-4550
- ❑ 123 REXDALE BLVD - TO MAKE APPT. CALL 416-746-3828
- ❑ 7869 YONGE ST - TO MAKE APPT. CALL 705-431-0000
- ❑ 1366 YONGE ST - TO MAKE APPT. CALL 416-975-8951

Appointment Date and Time

Date: _____

Time: _____

Cancellation should be made 24 hours before appointment.



MAMMOGRAPHY PREPARATIONS

NO POWDER OR DEODORANT

ULTRASOUND PREPARATIONS

ABDOMEN ULTRASOUND

- FAST FOR 8 HOURS, EAT A FAT FREE DINNER THE NIGHT BEFORE YOUR APPOINTMENT
- NO DAIRY PRODUCTS OR FRIED FOODS
- NO CARBONATED DRINKS 12 HOURS BEFORE YOUR APPOINTMENT
- NOTHING TO EAT OR DRINK AFTER MIDNIGHT THE NIGHT BEFORE EXCEPT WATER
- DO NOT EAT BREAKFAST

PELVIS ULTRASOUND (ALL TYPES)

- DRINK 4-5 GLASSES OF WATER (OR 2 SMALL BOTTLES) OF CLEAR FLUID **TO BE FINISHED ONE HOUR BEFORE** YOUR APPOINTMENT (WATER, JUICE, BLACK COFFEE OR BLACK TEA)
- DO NOT VOID - A FULL BLADDER IS NECESSARY FOR THE EXAMINATION
- NO FASTING NECESSARY

ABDOMEN AND PELVIS ULTRASOUND TOGETHER

- EAT A FAT FREE DINNER THE NIGHT BEFORE YOUR APPOINTMENT
- NO DAIRY PRODUCTS OR FRIED FOODS
- NOTHING TO EAT AFTER MIDNIGHT THE NIGHT BEFORE
- DRINK 4-5 GLASSES OF WATER (OR 2 SMALL BOTTLES) OF CLEAR FLUID **TO BE FINISHED ONE HOUR BEFORE** YOUR APPOINTMENT (WATER, JUICE, BLACK COFFEE OR BLACK TEA)
- DO NOT VOID - A FULL BLADDER IS NECESSARY FOR THE EXAMINATION

OBSTETRICAL ULTRASOUND

- FOR LESS THAN 12 WEEKS: DRINK 4-5 GLASSES OF WATER (OR 2 SMALL BOTTLES) OF CLEAR FLUID **TO BE FINISHED ONE HOUR BEFORE** YOUR APPOINTMENT (WATER, JUICE, BLACK COFFEE OR BLACK TEA). YOU MUST EAT BREAKFAST/LUNCH
- FOR 12/18 WEEKS/FOR OVER 18 WEEKS DRINK 2 GLASSES (OR 1 SMALL BOTTLE) OF CLEAR FLUID **TO BE FINISHED ONE HOUR BEFORE** YOUR APPOINTMENT (WATER, JUICE, BLACK COFFEE OR BLACK TEA). YOU MUST EAT BREAKFAST/LUNCH

LIVER ULTRASOUND

- FAST FOR AT LEAST 4 HOURS BEFORE THE EXAMINATION.

NO PREPARATION IS REQUIRED FOR FOLLOWING

- SCROTAL/TESTICULAR ULTRASOUND
- THYROID ULTRASOUND
- MUSCULOSKELETAL ULTRASOUND (ANY TYPE)
- BREAST ULTRASOUND

NUCHAL TRANSLUCENCY - IPS

- DRINK 3 GLASSES OF WATER (OR 1.5 SMALL BOTTLES) OF CLEAR FLUID **TO BE FINISHED ONE HOUR BEFORE** YOUR APPOINTMENT (WATER, JUICE, BLACK COFFEE OR BLACK TEA).
- YOU MUST BRING ALL THE PAPERS FROM YOUR DOCTOR (BLOOD WORK REQUISITION, I.P.S. SCREENING PAPER, ETC.) WITH YOU FOR YOUR APPOINTMENT

PROSTATE -TRANSRECTAL ULTRASOUND

- PURCHASE A **FLEET ENEMA** FROM THE PHARMACY AND FOLLOW THE INSTRUCTIONS IN THE PACKAGE
- SELF ADMINISTER THE ENEMA 2 HOURS BEFORE YOUR APPOINTMENT
- DRINK 4-5 GLASSES OF WATER (OR 2 SMALL BOTTLES) OF CLEAR FLUID **TO BE FINISHED ONE HOUR BEFORE** YOUR APPOINTMENT (WATER, JUICE, BLACK COFFEE OR BLACK TEA).
- DO NOT VOID

HYSTEROSONOGRAM

- DRINK 3 GLASSES OF WATER (OR 1.5 SMALL BOTTLES) OF CLEAR FLUID **TO BE FINISHED ONE HOUR BEFORE** YOUR APPOINTMENT (WATER, JUICE, BLACK COFFEE OR BLACK TEA).
- OCCASIONALLY, PATIENT MIGHT EXPERIENCE SOME CRAMPING DURING OR AFTER HYSTEROSONOGRAM. SHE MAY TAKE 1-2 TABLETS OF IBUPROFEN (TYLENOL OR ADVIL) 1 HOUR BEFORE OR AFTER THE PROCEDURE.

ALL BARIUM STUDIES

- NOTHING TO EAT OR DRINK 12 HOURS PRIOR TO THE TEST

DIAGNOSTIC TEST PREPARATIONS

EXERCISE STRESS TEST GXT / ECG / ECHO

- LIGHT BREAKFAST / LUNCH ON THE DAY OF TEST
- WEAR COMFORTABLE SHOES, T-SHIRTS, SHORTS OR PANTS
- NO SMOKING 1 HOUR PRIOR TO TEST
- BRING ALL CURRENT MEDICATIONS, AND CHECK WITH YOUR PHYSICIAN REGARDING THE DISCONTINUATION OF ANY RELATED MEDICATION.