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:

VASCULAR ULTRASOUND *(BY APPOINTMENT ONLY)*

- ❑ Carotid ❑ Renal
- ❑ Arterial Extremity ❑ ARM ❑ LEG — L R B
- ❑ Venous Extremity ❑ ARM ❑ 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

❑ STAT ❑ VERBAL

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

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

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

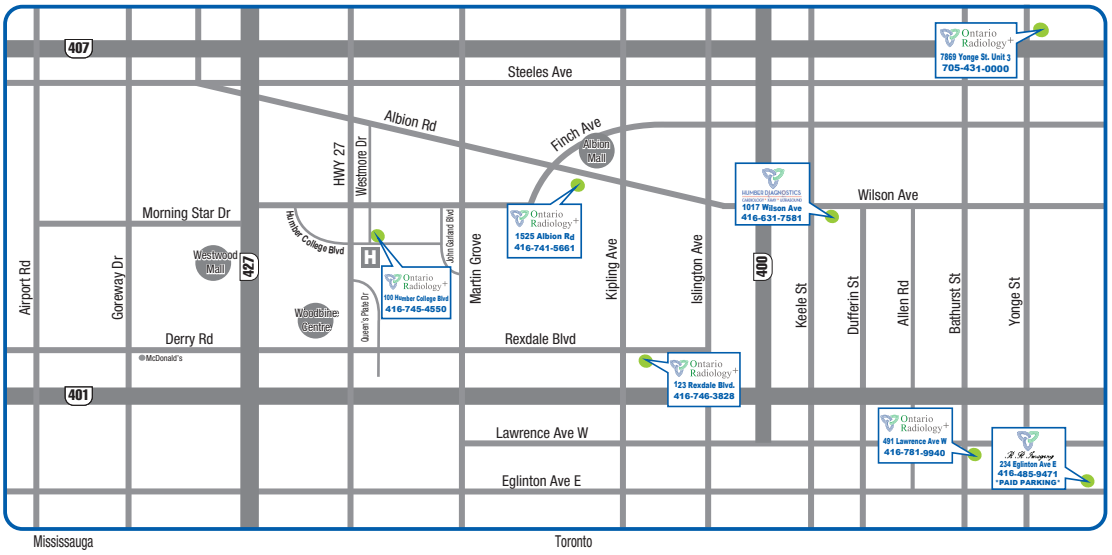
- ❑ 234 EGLINTON AVE E - TO MAKE APPT. CALL 416-485-9471
- ❑ 491 LAWRENCE AVE W - TO MAKE APPT. CALL 416-781-9940
- ❑ 1017 WILSON AVE - TO MAKE APPT. CALL 416-631-7581
- ❑ 1525 ALBION RD - TO MAKE APPT. CALL 416-741-5661
- ❑ 100 HUMBER COLLEGE BLVD - TO MAKE APPT. CALL 416-745-4550
- ❑ 123 REXDALE BLVD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

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.