



Erin Diagnostic Imaging

2 Thompson Crescent Unit. 3, Erin, ON N0B 1T0

Tel: 519-833-0000 Fax: 519-833-1000



Canadian Association of Radiologists
L'Association canadienne des radiologistes

ontario breast
screening program
a cancer care ontario program



FULLY DIGITALIZED FACILITY

PATIENT INFORMATION

Last Name : _____ First Name : _____ Sex : ☐ M ☐ F

Tel : _____ Address : _____ Date : _____

Health Card Number				Version		Date of Birth	
						YY	MM DD

REQUEST FOR STAT CASE

Verbal/Tel : _____ Fax : _____ ☐ WSIB

CLINICAL INFORMATION

Date LMP : _____

ULTRASOUND By Appointment Only

GENERAL

- ☐ Abdomen
- ☐ Limited Abdomen
- ☐ Abdomen / Male Pelvis
- ☐ Abdomen / Female Pelvis
- ☐ Female Pelvis / Transvaginal
- ☐ Female Pelvis
- ☐ Transvaginal
- ☐ Male Pelvis
- ☐ Transrectal
- ☐ KUB (only Kidneys & Bladder)

OBSTETRICAL

- ☐ Early OBS / Dating (<16 wks)
- ☐ IPS / NT (11-13 wks)
- ☐ Anatomical Scan (18-20 wks)
- ☐ 2ND / 3RD Trimester
- ☐ High Risk Pregnancy
- ☐ Biophysical Profile (BPP)

SMALL PARTS

- ☐ Thyroid
- ☐ Neck
- ☐ Sub Mandibular Glands
- ☐ Parotid Glands
- ☐ Testes / Scrotum
- ☐ Groin ☐ R ☐ L ☐ Both
- ☐ Hernia - Side _____
- ☐ Soft Tissue / Lump
- ☐ Others _____

VASCULAR

- ☐ Carotid Doppler
- ☐ Upper Limb Arterial Dop
- ☐ Lower Limb Arterial Dop
- ☐ Lower Limb Venous Dop

MUSCULOSKELETAL

- ☐ Shoulder ☐ R ☐ L ☐ Both
- ☐ Arm ☐ R ☐ L ☐ Both
- ☐ Elbow ☐ R ☐ L ☐ Both
- ☐ Forearm ☐ R ☐ L ☐ Both
- ☐ Wrist & Hands ☐ R ☐ L ☐ Both
- ☐ Hip joint ☐ R ☐ L ☐ Both
- ☐ Lumbar sacral ☐ R ☐ L ☐ Both
- ☐ Cervical Region ☐ R ☐ L ☐ Both
- ☐ Thoracic Region ☐ R ☐ L ☐ Both
- ☐ Thigh ☐ R ☐ L ☐ Both
- ☐ Knee ☐ R ☐ L ☐ Both
- ☐ Popliteal Fossa ☐ R ☐ L ☐ Both
- ☐ Calf ☐ R ☐ L ☐ Both
- ☐ Foot/Ankle ☐ R ☐ L ☐ Both
- ☐ Achilles Tendon ☐ R ☐ L ☐ Both
- ☐ Plantar Fascia ☐ R ☐ L ☐ Both
- ☐ Gluteal Region ☐ R ☐ L ☐ Both

MAMMOGRAPHY & BREAST IMAGING

(By Appointment only)

- ☐ Mammography ☐ R ☐ L ☐ Both
- ☐ Breast Ultrasound ☐ R ☐ L ☐ Both

Previous Scan ☐ Yes ☐ No

Date : _____ Location : _____

BONE DENSITY

(By Appointment)

- ☐ 1st Baseline BMD
- ☐ Low Risk (2nd test - 36 months)
- ☐ Low Risk (3rd test - 60 months)
- ☐ High Risk (once every 12 months)

Previous Scan ☐ Yes ☐ No

Date : _____ Location : _____

CARDIAC SERVICES

(By Appointment)

- ☐ Echocardiography ☐ 48hr Holter ☐ 72hr Holter

X-RAY No Appointment

Before ordering X-Rays, make sure female patients are not pregnant.

CHEST

- ☐ P.A. & Lateral
- ☐ Chest P.A.
- ☐ Ribs ☐ R ☐ L
- ☐ Sternum

HEAD & NECK

- ☐ Skull
- ☐ Sella Turcica
- ☐ Facial Bones
- ☐ Nose
- ☐ Mandible
- ☐ TM Joints
- ☐ Sinuses (Not covered by OHIP)
- ☐ Mastoids
- ☐ Neck, Soft Tissue
- ☐ Pre MRI Orbits

ABDOMEN

- ☐ Single View
- ☐ Two or More Views

SPINE AND PELVIS

- ☐ Cervical Spine
- ☐ Thoracic Spine
- ☐ Lumbosacral Spine
- ☐ Sacrum & Coccyx
- ☐ Scoliosis Series
- ☐ Pelvis
- ☐ Sacro-Iliac Joints
- ☐ Other _____

UPPER EXTREMITIES

- ☐ Clavicle ☐ R ☐ L
- ☐ A-C Joints ☐ R ☐ L
- ☐ S-C Joints ☐ R ☐ L
- ☐ Shoulder ☐ R ☐ L
- ☐ Scapula ☐ R ☐ L
- ☐ Humerus ☐ R ☐ L
- ☐ Elbow ☐ R ☐ L
- ☐ Forearm ☐ R ☐ L
- ☐ Wrist ☐ R ☐ L
- ☐ Scaphoid ☐ R ☐ L
- ☐ Hand ☐ R ☐ L
- ☐ Wrist & Hand ☐ R ☐ L
- ☐ Finger 1 2 3 4 5 ☐ R ☐ L



LOWER EXTREMITIES

- ☐ Hip ☐ R ☐ L
- ☐ Femur ☐ R ☐ L
- ☐ Knee ☐ R ☐ L
- ☐ Tibia & Fibula ☐ R ☐ L
- ☐ Ankle ☐ R ☐ L
- ☐ Calcaneus ☐ R ☐ L
- ☐ Foot ☐ R ☐ L
- ☐ Toe 1 2 3 4 5 ☐ R ☐ L



PREGNANCY RELEASE FORMS

I declare, to the best of my knowledge that I'm not presently pregnant.

Signature _____

Referring Physician : _____ CC : _____

Note : This requisition form can be taken to any licensed facility providing healthcare services including hospital and IHFs, such as those listed on the IHF Program website: <http://www.health.gov.on.ca/en/public/programs/ihf/facilities.aspx>.

Map & Preparation on reverse

APPOINTMENT

Date : _____ Time : _____

ULTRASOUND PREPARATION

☐ **PREGNANCY OR PELVIS** (Transvaginal and Transabdominal)

- Includes Uterus, Ovaries, Bladder, Prostate and Pregnancy

A FULL BLADDER IS REQUIRED FOR THIS EXAMINATION.

You must finish drinking 32 ounces (1 litre) of clear fluids (water is preferred) 1 hour before your appointment time. (For example, if your appointment is for 10:00, start drinking at 8:30 and finish drinking by 9:00) **Do not go to the washroom! Eat as usual.**

- Please note : If 5 months pregnant, or more, 16 ounces (1/2 Litre) of fluids should be adequate.

☐ **UPPER ABDOMEN**

-Includes Gall Bladder, Liver, Pancreas, Aorta, Kidneys

DO NOT EAT OR DRINK FOR 8-12 HOURS BEFORE THIS EXAMINATION.

Do not eat fried or fatty food on the day before your appointment.

- Please Note : A small amount of water is allowed if thirsty or with medication.

☐ **UPPER ABDOMEN & PELVIS**

When both exams have been requested by your doctor

DO NOT EAT FOR 8-12 HOURS BEFORE THIS EXAMINATION.

Do not eat fried or fatty food on the day before your appointment.

A FULL BLADDER IS REQUIRED FOR THIS EXAMINATION. You must finish drinking 32 ounces (1 litre) of water by 1 hour before your appointment time. (For example, if your appointment is for 10:00, start drinking at 8:30 and finish drinking by 9:00) **Do not go to the washroom.**

☐ **TRANSRECTAL**

On the day of the test, you may eat as usual. Take any medication (pills) that you normally take. Ninety minutes before your test time, go to the washroom and empty your bladder.

Preparation for this test also involves using one (1) DULCOLAX SUPPOSITORY 2 hours before your appointment time.

A Dulcolax suppository is an over-the-counter medication that is available at most pharmacies. It is inserted rectally.

This medication should cause you to have a bowel movement, usually within 15-30 minutes. You do not need a laxative.

Now, drink 5 LARGE GLASSES (40 ounces, 1.3 litres) OF WATER over the next thirty minutes. You MUST finish the water ONE FULL HOUR BEFORE your appointment time. DO NOT GO TO THE WASHROOM until after the ultrasound.

- Please bring the results of your PSA test if you have them.

A NOTE ABOUT PSA TESTS: A PSA test is a blood test to determine the level of prostate specific antigens in your blood. This test must NOT be done within a week of either a digital (finger) exam by your doctor or a transrectal ultrasound.

- Please be sure to have the blood test before your ultrasound or at least a week after the exam.

☐ **MAMMOGRAM**

- No deodorant, powder or perfume.
- Please wear two piece outfit.

PLEASE BRING ANY PREVIOUS MAMMO FILMS TO YOUR APPOINTMENT FOR COMPARISON PURPOSES

BONE DENSITY

Please wear two piece outfit with no metal or zippers.

NO PREPARATION NECESSARY

☐ **NECK, THYROID, SCROTUM, BREAST, MUSCULOSKELETAL, SUPERFICIAL MASSES.**



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PLEASE BRING THIS REQUISITION AND YOUR VALID HEALTH CARD - All Cancellations must be made 24 Hours in Advance