Walk In
(if preparation not required)

Bathurst-Sheppard Diagnostic Imaging Centre

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(PLEASE BRING YOUR HEALTH CARD AND THIS REQUISITION FORM)

OPEN 7 DAYS A WEEK

Patient:	Ref Doctor:	
Health Card No:	Phone No:	Fax No:
Date of Birth:	Billing No:	CC to:
Phone No:	Report Delivery Perference:	❑ Fax ❑ HRM ❑ Other
Clinical Notes:		

ULTRASOUND

GENERAL

- ❑ Abdomen
- ❑ Male Pelvis
- ❑ Obstetrical < 16 wks.
- ❑ Obstetrical > 16 wks.
- ❑ Female Pelvis-Transabdominal
- ❑ Female Pelvis-Transvaginal
- ❑ Prostate (Transrectal)
- ❑ BPP / Growth / Doppler
- ❑ NT (IPS)

SMALL PARTS

- ❑ Thyroid
- ❑ Submandibular Glands
- ❑ Parotid Glands
- ❑ Breast ○ R ○ L
- ❑ Axilla
- ❑ Chest Masses
- ❑ Testicular
- ❑ Inguinal Area
- ❑ Neck
- ❑ Other Soft Tissue _____

MUSCULOSKELETAL

❑ Shoulder	❑ R ❑ L	❑ Neck Muscles	❑ AC Joints	❑ Periscapular region
❑ Knee	❑ R ❑ L	❑ Thigh	❑ Calf	❑ Hamstring area
❑ Hip	❑ R ❑ L	❑ Hip Joint	❑ Gluteal area	❑ Lumbar/Scaral region
❑ Wrist & Hand	❑ R ❑ L	❑ Carpal Tunnel	❑ Tendons	
❑ Elbow	❑ R ❑ L	❑ Forearm Muscles	❑ Other Musculoskeletal _____	
❑ Ankle	❑ R ❑ L	❑ Achilles Tendons		
❑ Foot	❑ R ❑ L	❑ Plantar Fascia		

VASCULAR

- ❑ Lower Limb Venous Doppler / Rule out DVT
- ❑ Lower Limb Arterial Doppler
- ❑ Upper Limb Venous Doppler
- ❑ Upper Limb Arterial Doppler
- ❑ CAROTID Doppler
- ❑ AA Doppler
- ❑ Renal Duplex

BONE MINERAL DENSITY

- ❑ 1st Time Baseline
- ❑ Low Risk
- ❑ High Risk
- ❑ Date of Last BMD:

X-RAY

CHEST

- ❑ Chest PA and LAT
- ❑ Sternum
- ❑ Sternoclavicular-Joints
- ❑ Ribs ○ R ○ L
- ❑ Chest PA (Immigration)

ABDOMEN

- ❑ KUB
- ❑ Acute (2views)

SPINE & PELVIS

- ❑ Cervical Spine
- ❑ Thoracic Spine
- ❑ Lumbar-Sacral
- ❑ Sacrum & Coccyx
- ❑ Pelvis
- ❑ Pelvis & Hips ○ R ○ L
- ❑ SI Joints

SKELETAL SURVEY

- ❑ Arthritic
- ❑ Metastatic

HEAD & NECK

- ❑ Skull
- ❑ Sinuses
- ❑ Facial Bones
- ❑ Nasal Bones
- ❑ Mandible
- ❑ TM Joints
- ❑ Adenoids
- ❑ Soft Tissue Neck
- ❑ Orbits
- ❑ Scoliosis Series

UPPER EXTREMITIES

- ❑ R ❑ L Shoulder
- ❑ R ❑ L Clavicle
- ❑ R ❑ L AC Joints
- ❑ R ❑ L Scapula
- ❑ R ❑ L Humerus
- ❑ R ❑ L Elbow
- ❑ R ❑ L Forearm
- ❑ R ❑ L Wrist
- ❑ R ❑ L Hand
- ❑ R ❑ L Digits 1, 2, 3, 4, 5

LOWER EXTREMITIES

- ❑ R ❑ L Hip
- ❑ R ❑ L Femur
- ❑ R ❑ L Knee
- ❑ R ❑ L Tibia & Fibula
- ❑ R ❑ L Ankle
- ❑ R ❑ L Foot
- ❑ R ❑ L Calcaneus
- ❑ R ❑ L Toes 1, 2, 3, 4, 5

PREPARATIONS: *(For Ultrasounds)*

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.

1. ***Pelvis (F&M) & Obstetrical,< 16 wks*** *- Drink 4-5 glasses of water/clear fluids 1 hour before the appointment, do not void, full bladder is required during examination.*
2. ***Abdomen*** *- Eat fat free diet the night before examination. Only sips of plain water - if thristy. Nothing to eat & Drink 8 hours prior to examination.*
3. ***Prostate (Transrectal) -*** *Take 2 Dulcolax tablets night before. Clear the bowel in the morning. Drink 4-5 glasses of clear fluid / water 1 hour before the appointment.* ***Do not void.***
4. ***Abdomen & Pelvic Both****- Drink 4-5 glasses of plain water (No other fluid) about an hour before the appointment following 8 hours of fasting.*