



WHITBY HEALTH CENTER

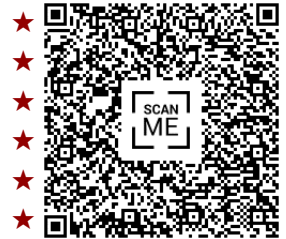
Public (OHIP) X-Ray, Ultrasound & Vascular Doppler

3800 Brock St N, Whitby, ON, L1R 3A5

2nd Floor of the Taunton Mills Retirement Health Center Building

PHONE: (905) 444 - 9292

whitbyhealth.com | FAX: (416) 981 - 8606 | info@whitbyhealth.com



Pt Name: _____ Indication for Study (Examination Requested): _____

HC # _____ Cell # _____

Dr. _____ CPSO: _____

Signature: _____ Billing: _____ Phone: _____ Fax: _____

URGENT # _____ Fax HRM Web CC To: _____ Fax: _____

★★★ PLEASE BRING YOUR HEALTH CARD + THIS REQUISITION FORM TO THE APPOINTMENT ★★★

X-RAY (Walk-In)

VASCULAR DOPPLER

ABDOMEN

- KUB
- Acute (2 view + PA Chest)

CHEST

- Chest PA & LAT
- Chest Visa
- Sternum
- R Ribs & PA Chest
- R Sternoclavicular Joints

HEAD & NECK

- Soft Tissue Neck
- Skull
- Sinuses (NON-OHIP)
- Orbits
- Facial Bones
- Nose
- Mandible
- T.M. Joints
- Adenoids
- Mastoids

UPPER EXTREMITIES

- LT RT**
- Shoulder
 - Clavicle
 - A.C. Joint
 - S.C. Joint
 - Scapula
 - Humerus
 - Elbow
 - Forearm
 - Wrist
 - Scaphoid
 - Hand
 - Fingers: T 2 3 4 5

SKELETAL SURVEY

- Arthritic Series
- Metastatic Series
- Bone Age
- OTHER (Specify) _____

LOWER EXTREMITIES

- LT RT**
- Hip
 - Femur
 - Knee
 - Tibia & Fibula
 - Ankle
 - Foot
 - Calcaneus
 - Toes: T 2 3 4 5

SPINE & PELVIS

- Cervical
- Thoracic
- Lumbo-Sacral [L/S]
- L/S + Pelvis + S.I. Joints
- Sacrum & Coccyx
- Pelvis & Hips
- Scoliosis Series

ARTERIAL DUPLEX ULTRASOUND

- Vascular Screen: EC + CA + Ao + LA + ABI
- Carotid + Vertebral Arteries [CA]
- Aorta Full [Ao] (inc. Iliac Arts): _____
- Leg Arteries [LA] (inc. Aorta, Iliac Arts)
- Upper Extremities/Arms Arteries
- Renal Arteries Doppler

VENOUS DUPLEX (URGENT DVT)

- DVT - Leg Veins [LV] (inc. IVC, Iliac Veins)
- DVT - Upper Extremities/Arms Veins
- Reflux - Leg Veins (inc. IVC, Iliac Veins)
- Portal Venous Doppler

ECHOCARDIOGRAM + 24-Hr Holter [EC]

- 72-Hr 14-Day No Holter

ANY Imaging: _____

To my best knowledge, I am **NOT** pregnant:
Patient Signature Below (for X-Ray)

FEMALE CARE

ULTRASOUND

MSK

- Pelvis (inc. High-Rez Transvaginal [TV] + TA) Abdomen + Pelvis (inc. High-Rez TV + TA) Any MSK: _____
- Transabdominal [TA] Only Abdomen Kidneys + Pelvis US With X-Ray Together: _____
- Obstetrical (inc. Full Pelvis + Transvaginal) Male Pelvis Abdominal Wall **L R** **L R**
- (Weeks/LMP: _____) with Kidneys Inguinal Canal Shoulder Hip
- OB: NT/IPS Sonohysterogram with High-Rez Prostate [TR] Biceps Knee
- L R Breast: _____ Neck (Glands, L. Nodes) Scrotum Elbow Popliteal Fossa
- L R MAMMO: _____ Neck + Carotid Arts Thyroid Forearm Calf/Shin
- BONE MINERAL DENSITY (DXA):** 1st BMD Follow Up High Risk Carpal Tunnel Achilles + Plantar

Any Notes: _____
_____ Wrist Ankle
_____ Fingers _____ Toes _____

★ Free Parking ★ Female Techs ★ Baby Pictures ★ Patient Images Portal ★ Wheelchair Accessible ★

This requisition form can be taken to any licensed healthcare facility including hospitals & ICHSCs, as those listed on: www.health.gov.on.ca #00161

WHITBY HEALTH CENTER

3800 Brock St N, Whitby, ON, L1R 3A5
 2nd Floor of Taunton Mills Village Health Center Building

Tel 1: (905) 444 – 9292

Tel 2: (905) 444 – 9291

Fax: (416) 981 – 8606

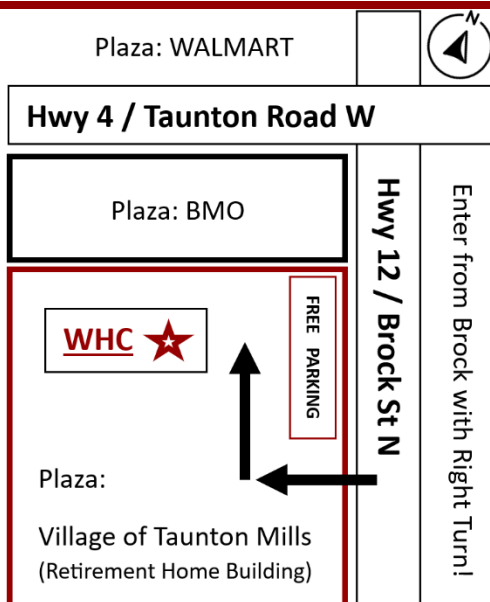
Email: info@whitbyhealth.com

Web: www.whitbyhealth.com

★ Parental care required during child examinations.

★ Please provide **24 hours'** notice if you are unable to keep your appointment.

★ Wear comfortable/loose clothing.



★★★ PLEASE BRING YOUR HEALTH CARD + THIS REQUISITION FORM TO THE APPOINTMENT ★★★

Procedure	Length	Instructions	What to Expect
Leg Arterial Doppler [LA]	≈ 45 min	Nothing to eat/drink for 6 hours before exam except for sip of water with medications.	Leg arteries + Aorta blood flow is assessed with pressure cuffs & ultrasound.
Leg Venous Doppler [LV]	≈ 45 min	No restrictions; drink water to ensure you are well hydrated. Voiding is okay.	Leg veins + IVC blood flow is assessed with pressure cuffs & ultrasound.
Arm Arterial Doppler	≈ 30 min	No restrictions.	Arm arteries blood flow is assessed with pressure cuffs & ultrasound.
Arm Venous Doppler	≈ 30 min	No restrictions.	Arm veins blood flow is assessed with ultrasound.
Carotid Arteries [CA]	≈ 30 min	No restrictions.	Ultrasound assessing neck arteries blood flow.
Aorta Arterial Doppler [Ao]	≈ 20 min	Nothing to eat/drink for 6 hours before exam except for sip of water with medications.	The abdominal aortic artery ("stomach area") blood flow is assessed with ultrasound.
Vascular Screening	≈ 75 min	See LA	See LA + CA + Aorta.
Thyroid Ultrasound	≈ 30 min	No restrictions.	Ultrasound of the thyroid gland (neck).
Abdominal Ultrasound	≈ 40 min	Nothing to eat/drink for 6 hours before exam except for sip of water with medications.	Ultrasound of the abdomen ("stomach area" above hip level). Some pressure may be applied.
Pelvis Ultrasound [TA]	≈ 30 min	A full bladder is necessary. Finish drinking 1 liter (40 oz) of water 1 hour before the exam. Do NOT empty your bladder.	Ultrasound of the pelvis (area below the belly button) is performed with gel & a probe. Some pressure may be applied.
Abdominal + Pelvis	≈ 60 min	See Abdominal Ultrasound & Pelvis Ultrasound	
Transvaginal Ultrasound [TV]	≈ 30 min	Usually completed with pelvic ultrasound. Your written consent will be required.	A sterile, covered, and lubricated probe is used to image inside the vagina.
Obstetrical Ultrasound	≈ 60 min	A full bladder is necessary. Finish drinking 1 liter (40 oz) of water 1 hour before the exam. Do NOT empty your bladder.	Ultrasound of the abdomen ("stomach area" above hip level) is performed with gel & a probe. Some pressure may be applied.
Scrotal Ultrasound	≈ 30 min	Kindly shave/trim & clean area for imaging.	Ultrasound of testicles w/ light pressure applied.
Transrectal Ultrasound [TR]	≈ 30 min	Purchase a FLEET ENEMA from a pharmacy and use it 1 to 4 hrs before test. <u>Get instructions from the pharmacist.</u>	A sterile, covered, and lubricated probe is used to image the prostate inside the rectum. Your written consent will be required.
Echocardiogram [EC]	≈ 60 min	No restrictions.	Ultrasound of heart with light pressure applied.
Any Other U/S	≈ 30 min	No restrictions.	Ultrasound of area described per the prescription
Any X-Ray	≈ 15 min	Cannot be currently pregnant.	Brief & painless exposure to radiation rays for high-rez medical imaging. Very common testing.