320 MARCH ROAD, SUITE 603, KANATA, ONTARIO, K2K 2E3

TO SCHEDULE AN EXAM:

Online: www.hillviewimaging.ca Phone: 613-271-0050 Email: info@hillviewimaging.ca Fax: 613-271-1005

ATTENTION: YOU MUST PRESENT THIS FORM AT TIME OF EXAM.



URGENT DIAGNOSTIC IMAGING CENTER LICENSED UNDER CDN

PROVIDER NAME (PRINTED)	DOB EMAIL PROVIDER SIGNATURE (REQUIRED)	Provider's Phone # Provider's FAX # Provider's Address:
PROVIDER OHIP BILLING NO. DATE	СС	☐ STAT PHONE REPORT NEEDED
CLINICAL DX / RELEVANT CLINICAL FINDINGS		Provider's Phone # STAT FAX REPORT NEEDED Provider's FAX # TO REPORT CRITICAL FINDINGS AFTER HOURS CALL:
ULTRASOUND (By Appointment)		
GENERAL	MUSCULOSKELETAL	PEDIATRIC ULTRASOUND
□ Abdomen □ Kidney/Bladder □ Pelvis Female (Includes TVS unless contraindicated) □ Pelvis Male (Transabdominal) □ PVR □ AAA Screening □ Abdominal Wall/Hernia □ Inguinal Canal/Groin □ Testicles/Scrotum □ Thorax □ Thyroid □ Neck □ Submandibular Glands □ Parotid □ Breast □ R □ L □ Soft Tissue/Lump (Location) □ Elastography (Organ)	R L □ □ Shoulder	□ Abdomen □ Pelvis □ Other CARDIAC □ Holter Monitor 48-Hour □ Holter Monitor 72-Hour □ Holter Monitor 14-Day □ Adult Echocardiogram VASCULAR (Performed at 150 Katimavik Road location) □ Peripheral Arterial Legs/Aorta - ABI □ Peripheral Arterial Arms - WBI □ Peripheral Venous Legs – DVT □ R □ L □ Peripheral Venous Arms – DVT □ R □ L □ Peripheral Venous Assessment/IVC □ R □ L □ Carotid Arteries □ Renal Arteries □ Renal Arteries □ ABI (Compression Therapy Only)



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PREPARING FOR YOUR EXAMINATION

ADULT PREPARATION

ABDOMINAL ULTRASOUND

Nothing to eat or drink after midnight. No breakfast. Take usual medication.

ABDOMINAL AND PELVIC ULTRASOUND

Nothing to eat after midnight. A full bladder is required. Drink 1 liter of water and finish one hour before the examination. Do not void until after the ultrasound. Take usual medication.

PELVIC AND OBSTETRIC (PREGNANCY)ULTRASOUND

A full bladder is required. Drink 1 liter of water and finish one hour before the examination. Do not void until after the ultrasound.

*Note: If you are beyond week 30 of your pregnancy, you do NOT need to present with a full bladder.

CARDIAC STUDIES-ECHOCARDIOGRAPHY AND HOLTER MONITORS

Please refrain from applying lotion to the chest area before your appointment. Once a Holter Monitor has been applied, you will be unable to shower so it is recommended to shower before your appointment.

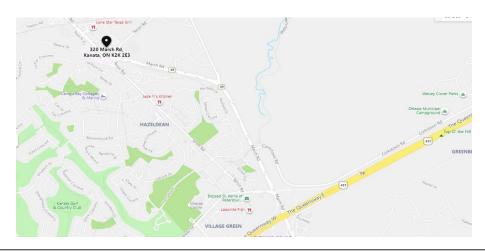
PEDIATRIC PREPARATION (12 AND UNDER)

ABDOMINAL ULTRASOUND

Nothing to eat or drink for 6 hours. Take usual medication.

ABDOMINAL AND/OR PELVIC ULTRASOUND

Nothing to eat for 6 hours. Drink unlimited juice or water so the patient arrives with a full bladder. Do not void until after the ultrasound. Take usual medication.



This requisition form can be taken to any licenced facility providing healthcare services including hospitals and IHF's such as those listed on the IHF Program Website: https://www.health.gov.on.ca/en/public/programs/ihf/facilities.aspx