

**PATIENT INFORMATION**

**CLINICIAN INFORMATION**

Name: \_\_\_\_\_  
 DOB: \_\_\_\_\_ Sex (as per OHIP): \_\_\_\_\_  
 Health Card Number: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_

Clinician: \_\_\_\_\_ Billing #: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**X-RAY (NO Appointment)**

**ULTRASOUND (By Appointment)**

**CHEST**

- Chest PA & Lateral
- Ribs (includes PA chest)
  - R  L
- Sternum
- SC joints

**UPPER EXTREMITIES:**

- R  L Hand
- R  L Wrist
- R  L Elbow
- R  L Shoulder
- R  L Forearm
- R  L Humerus
- R  L Clavicle
- R  L AC Joints
- R  L Scapula
- R  L Scaphoid
- R  L Finger: # \_\_\_\_\_

**ABDOMEN:**

- Acute Series (incl. PA chest)
- KUB

**HEAD & NECK:**

- Skull
- Facial Bones
- Nose
- Mandible
- Orbits
- Orbits (foreign body/MRI)
- TM joints
- Soft Tissue Neck

**LOWER EXTREMITIES:**

- R  L Hip
- R  L Femur
- R  L Knee
- R  L Tib Fib
- R  L Ankle
- R  L Foot
- R  L Heel
- R  L Toe: # \_\_\_\_\_

**SPINE & PELVIS:**

- Cervical Spine
- Thoracic Spine
- Lumbar (L/S) Spine
- Pelvis
- SI Joints
- Sacrum/Coccyx
- Scoliosis series

**SKELETAL SURVEY:**

- Metastatic series
- Metabolic series
- Arthritic series
- Bone age

**GENERAL:**

- Abdomen complete
- Liver
- Gallbladder
- Pancreas
- Spleen
- Aorta
- Kidneys + Bladder
- Abdominal wall
- Groin
- Appendix

**VASCULAR:**

- Venous Upper Extremity
  - R  L  Bil.
- Venous Lower Extremity DVT
  - R  L  Bil.
- Carotids
- Renal arteries
- Liver Doppler (portal HTN)
- Arterial Upper Extremity
- Arterial Lower Extremity
  - + ABI/TBI (incl. aorta, iliacs, legs)

- Abdomen + pelvis (TV unless CI)
- Female pelvis (incl. TV unless CI)
- Female pelvis (excludes TV)
- Male pelvis
- Bladder (pre-post void volume)
- Prostate
- Scrotum/testicles
- Thyroid
- Neck

**MUSCULOSKELETAL:**

- R  L Shoulder
- R  L Elbow
- R  L Wrist
- R  L Hip
- R  L Knee
- R  L Achilles Tendon
- R  L Ankle
- R  L Foot
- R  L Plantar Fascia
- R  L Finger: # \_\_\_\_\_

**OBSTETRICS:**

- Dating – Under 16 weeks
- Re-check Dating
- NT IPS (11-14 weeks)
- Anatomy – 18-22 weeks
- OB – BPP, Dopplers
- OB – High Risk

- Soft tissue
- Other: \_\_\_\_\_

**BREAST IMAGING (By Appointment)**

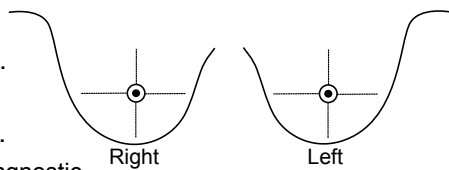
**Breast Ultrasound**

R L Bil.

**Mammogram**

R L Bil.

Screening Diagnostic  
 Implants



**BONE MINERAL DENSITY (By Appointment)**

- Baseline
- Low Risk
- High Risk

Date of last exam: \_\_\_\_\_

**CLINICAL INFORMATION**

**Clinical History:**

Referring Doctor: \_\_\_\_\_

CC: \_\_\_\_\_

Doctor's Signature: \_\_\_\_\_

STAT Dr Contact #: \_\_\_\_\_

## PATIENT INSTRUCTIONS

### Please bring your health card to your appointment

Please arrive 15 minutes early to register.

Please call and reschedule if you cannot keep your appointment. We require a 24-hour notice.

Please advise us of any limitations of mobility prior to your exam.

### PREPARATION AND INSTRUCTIONS FOR EACH IMAGING TEST:

**GENERAL X-RAY** No preparation required. No appointment required.

**ABDOMINAL ULTRASOUND** Nothing to eat after midnight. Continue taking your home medications as prescribed by your physician. Diabetic patients should consult with their physicians and request an earlier appointment.

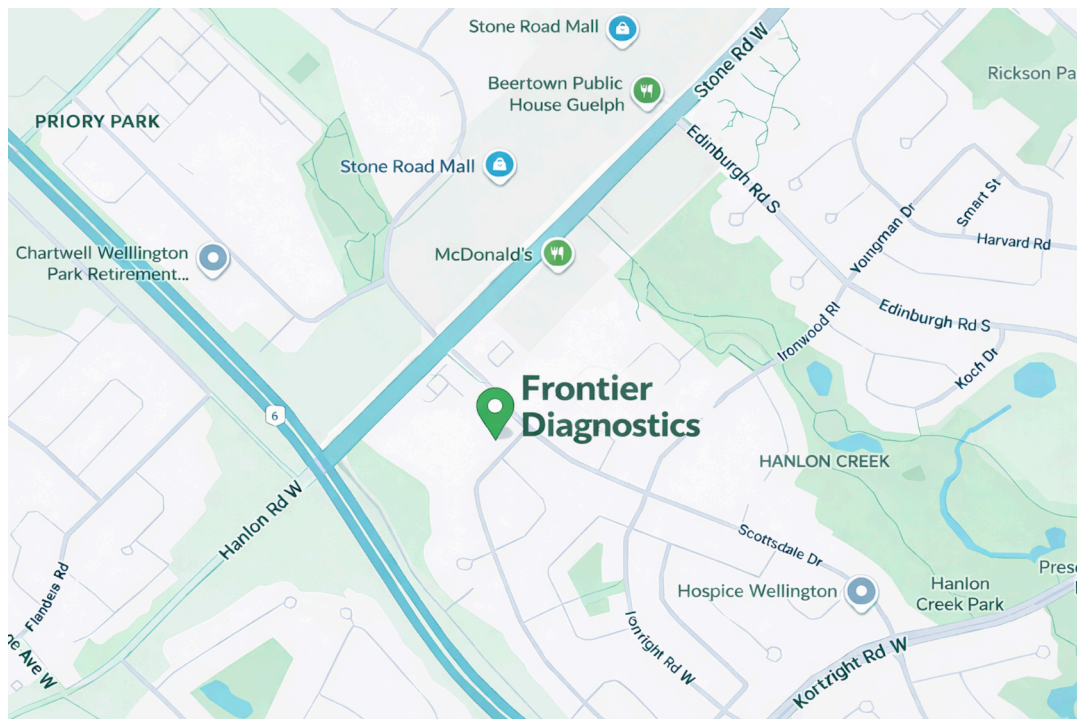
**ABDOMINAL AND PELVIC COMBINED ULTRASOUND** Nothing to eat after midnight. Drink up to 1 liter (32 oz) of water 1 hour prior to your appointment time. Do not empty your bladder until the exam is completed. If you are beyond 28 weeks pregnant, you do not have to fill your bladder.

**OBSTETRICS, PELVIS ONLY, KIDNEY AND BLADDER ULTRASOUNDS** Do not eat 6 hours prior to the exam time. Drink up to 1 liter (32 oz) of water 1 hour prior to your appointment time. If your bladder is not full, your appointment may have to be rescheduled. Do not empty your bladder until the exam is completed. If you are beyond 28 weeks pregnant, you do not have to fill your bladder.

**ALL OTHER ULTRASOUNDS** No preparation is required for other ultrasound exams.

**MAMMOGRAPHY** Do not use any deodorant, powder, or cream on the chest/breast/armpit on the day of your exam. Please wear a two-piece outfit.

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.ca/en/public/programs/ihf/facilities.aspx>



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