

(U) ULTRASOUND (B) BONE DENSITY  
(M) MAMMOGRAM (X) X-RAY  
(V) VASCULAR



Dr. Alex Hartman & Dr. Rose Lee  
Medical Directors of Imaging  
Ultrasound | X-Ray | BMD  
Mammography

#### THORNHILL

☐ Thornhill Diagnostic Imaging  
7330 Yonge Street, Suite 206 (UBMX) (OBSP)  
Yonge/Clark  
PH: 905-889-5926 FAX: 905-881-6284

#### MARKHAM

☐ Markham Ultrasound  
377 Church Street, Suite 305 (U)  
Church/Ninth Line  
PH: 905-472-4915 FAX: 905-472-4130

☐ Markham Women's Imaging Centre  
39 Main Street North, Unit 1 (UBM) (OBSP)  
Markham/Highway 7  
PH: 905-472-2713 FAX: 905-472-9003

#### TORONTO

☐ Bloor East Ultrasound (U)  
160 Bloor Street East, 15th Floor  
Bloor/Church  
PH: 416-572-9392 FAX: 416-645-3286

☐ Midtown Diagnostic Imaging (UBMX) (OBSP)  
1849 Yonge Street, Lower Level  
Yonge/Davisville  
PH: 416-485-9155 FAX: 416-485-9532

☐ North York Ultrasound  
4025 Yonge Street, Suite 215 (UV)  
Yonge/York Mills  
PH: 416-229-6887 FAX: 416-229-6614

☐ Reproductive Imaging  
655 Bay Street, 18<sup>th</sup> Floor (UV)  
Bay/Gerrard  
PH: 416-597-1933 FAX: 416-340-1218

☐ The Bay Centre  
655 Bay Street, 10<sup>th</sup> Floor (UV)  
Bay/Gerrard  
PH: 416-598-3523 FAX: 416-598-4943

☐ Toronto West Ultrasound  
1560 Queen Street West (U)  
Queen St. W./Jameson  
PH: 416-532-7948 FAX: 416-532-9291

#### SCARBOROUGH

☐ North Toronto Diagnostic Imaging  
2938 Finch Ave. East, Unit B (U)  
Finch/Victoria Park  
PH: 416-492-2228 FAX: 416-492-6589

☐ Sheppard Ultrasound  
1780 Markham Road, Unit 5 & 6 (U)  
Sheppard/Markham  
PH: 416-291-4770 FAX: 416-291-9702

☐ ETOBICOKE  
Etobicoke Women's Imaging  
110 Queen's Plate Drive (U)  
Rexdale/Highway 27  
PH: 647-288-4547 FAX: 647-288-4550

☐ OAKVILLE  
Oakville Ultrasound  
2035 Cornwall Road (U)  
Cornwall/Ford  
PH: 905-337-7202 FAX: 905-337-8294

### Greater Toronto Area Requisition

Name: **Frances (Darwin) Lyons- Fisher**

DOB: **29 / 01 / 1988**

Address: **314 - 1171 Queen Street**

HIN: **7060436891GD**

**Toronto M6J 0A5**

PHONE: **(416) 799-5112**

**(416) 000-0000**

REFERRING DOCTOR: **Dr. Rebecca Hicks**

SIGNATURE:

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

☐ STAT ☐ VERBAL Contact Number: \_\_\_\_\_

### ULTRASOUND

☐ DUAL SCAN SERIES (NT SCAN 11-14 WKS + ANATOMICAL 18-20 WKS)

☐ ABDOMINAL ☐ G.U. TRACT - KIDNEYS-BLADDER (PROSTATE)

☐ PELVIC

☒ THYROID ☐ SCROTAL

☐ TRANSVAGINAL

☐ OBSTETRICAL ☐ NUCHAL TRANSLUCENCY

☐ TRANSRECTAL

☐ MUSCULOSKELETAL ☐ RT ☐ LT

☐ VASCULAR

☐ SONOHYSTEROGRAM

☐ SONOHYSTEROGRAM with ECHOVIST (for tubal patency investigation)

☐ FERTILITY MONITORING

☐ OTHER (Please specify): \_\_\_\_\_

### BREAST IMAGING

☐ MAMMOGRAM ☐ BREAST ULTRASOUND

☐ BIL ☐ RT ☐ LT



☐ Markham Women's Imaging Centre

☐ Midtown Diagnostic Imaging

☐ Thornhill Diagnostic Imaging

### X-RAY (Please Specify)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### BONE DENSITOMETRY - AXIAL BONE DENSITOMETRY OF HIP AND SPINE

☐ HIGH RISK (ONCE A YEAR)

☐ ROUTINE (EVERY 5 YEARS)

### CLINICAL INFORMATION

f/u vascularized thyoid and reactive LN in neck

APPOINTMENT DATE AND TIME: \_\_\_\_\_

PATIENT INFORMATION ON THE BACK

**PLEASE BRING YOUR VALID ONTARIO HEALTH CARD (OHIP)  
TO EACH APPOINTMENT ALONG WITH THIS REQUISITION**

www.truenorthimaging.com

Patient Instructions  
on Back.

**IF YOU ARE UNABLE TO KEEP THIS APPOINTMENT, PLEASE GIVE AT LEAST 24 HOURS NOTIFICATION.**

APPOINTMENT	DAY	MONTH	YR.	HOUR

**PREPARATION AND INSTRUCTIONS:** These instructions are **IMPORTANT**. Please follow them.

### **ULTRASOUND**

1. ABDOMEN (includes studies of the GALL BLADDER, PANCREAS, SPLEEN, LIVER, KIDNEYS and AORTA). If your appointment is in the morning, do not eat or drink anything after 8 p.m. the night before. If your appointment is in the afternoon, for breakfast you may eat dry toast, black tea, black coffee, juice up to 9 a.m. Nothing to eat or drink after that. These instructions are important as we require you to have an empty stomach.
2. PELVIS including TRANSVAGINAL (UTERUS, OVARIES, BLADDER) (also G.U. TRACT) and PREGNANCY (OBSTETRICAL). You must have **completed drinking** 1 hour before your appointment. Finish by \_\_\_\_\_. You must drink 32 oz./1 litre (4 large glasses) of fluids. This can include coffee, tea, juice, water, etc.– not milk.

**Do not go to the washroom.** You must have a full bladder for this examination. We will try to examine you as soon as possible on arrival so that you will not have to be uncomfortable for too long. Eat the meal nearest your examination – there is no reason not to eat.

3. ABDOMEN and PELVIS examinations combined.  
Do not eat anything 12 hours prior to the examination. Finish drinking 32 oz.(1 litre) of water, and **ONLY** water one hour before your examination. Finish drinking by \_\_\_\_\_. **Do not go to the washroom.**
4. PROSTATE WITH TRANSRECTAL  
32 oz./1 litre (4 large glasses) of water 1 hour before appointment. Do not go to the washroom. Finish by \_\_\_\_\_. Take mild laxative the evening before.  
(PROSTATE ONLY – OMIT LAXATIVE)

### **X-RAY**

5. Ladies who may be pregnant should not be x-rayed during the last two weeks of their menstrual cycle.

### **MAMMOGRAPHY**

6. On day of examination, after showering do not use deodorant, antiperspirant, or talcum powder on chest or underarms, since particles in these may show up on mammogram.

### **BONE MINERAL DENSITY**

7. On the day of examination do not take calcium supplements or iron tablets until after the examination is completed.

**PLEASE BRING YOUR VALID ONTARIO HEALTH CARD (OHIP)  
TO EACH APPOINTMENT ALONG WITH THIS REQUISITION**

**Please arrive 10 minutes prior to your appointment for registration  
LATE arrival may require re-booking**

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>