THORNHILL

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

MARKHAM

◯ ***Markham Ultrasound*** (U)
377 Church Street, Suite 305
Church/Ninth Line
PH:905-472-4915 FAX:905-472-1326

◯ ***Markham Women's Imaging Centre*** (UBM)(OBSP)
39 Main Street North, Unit 1
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*** (UV)
4025 Yonge Street, Suite 215
Yonge/York Mills
PH: 416-229-6887 FAX:416-229-6614

◯ ***Bay Street Ultrasound*** (UV)
655 Bay Street, 18th Floor
Bay/Gerrard
PH: 416-597-1933 FAX: 416-340-1218

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

SCARBOROUGH

◯ ***Sheppard Diagnostic Imaging*** (UBMX)
1780 Markham Rd., Unit 5 & 6
Sheppard/Markham
PH:416-291-4770 FAX:416-291-9702

ETOBICOKE

◯ ***Etobicoke Diagnostic Ultrasound*** (U)
110 Queen's Plate Drive
Rexdale/Highway 27
PH:647-288-4547 FAX:647-288-4550

OAKVILLE

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

(U)Ultrasound (X) X-RAY
(M) Mammography
(B) Bone Mineral Density
(V) Vascular Ultrasound

PLEASE BRING THIS REQUISITION WITH YOU TO YOUR APPOINTMENT

You must follow instructions on reverse side

• Please arrive 10 minutes prior to your appointment for registration.

• LATE arrivals may require re-booking.

TRUE NORTH IMAGING
IMAGING REQUISITION

Dr. Alex Hartman and Dr. Rose Lee
Medical Directors of Imaging

www.truenorthimaging.com

Greater Toronto Area Requisition

Name: Jennifer Lawrence DOB: 1990-08-15

Address: 3 Lawrence Street L9M-K6P Ontario HIN: 765123
Toronto Canada

Phone: 756-234-1345

ULTRASOUND

☑ Abdominal ☐ G.U. Tract - Kidneys-Bladder(Prostate) ☐ Pelvic
☐ Thyroid ☐ Scrotal ☐ Transvaginal
☐ Musculoskeletal _____ ☐ RT ☐ LT ☐ Transrectal
☐ Dating < 16 weeks ☐ NT 11-14 Weeks (IPS/eFTS) ☐ Fetal Growth ☐ Vascular
☐ Anatomic 18-20 Weeks ☐ Biophysical Profile(BPP) ☐ Fertility Monitor Cycle
☐ Sonohysterogram. Incl. Preliminary Female Pelvis Study
☐ Sonohysterogram (Tubal Patency Investigation) Incl. Preliminary Female Pelvis Study
☐ Other (Please specify): _____

BREAST IMAGING

☐ Mammogram ☐ Breast Ultrasound
☐ BIL ☐ RT ☐ LT

ontario breast screening program
a cancer care ontario program

☐ Ontario Breast Screening Program

BONE DENSITOMETRY - AXIAL BONE DENSITOMETRY OF HIP AND SPINE

☐ High Risk(Once a year) ☐ Routine(Every 5 Years)

X-RAYS

CHEST
☐ Chest PA & Lat
☐ Chest PA
☐ Sternum
☐ Ribs & Chest PA
○ B ○ R ○ L

SPINE & PELVIC
☐ Cervical Spine
☐ Thoracic Spine
☐ Lumbar Spine
☐ Sacrum / Coccyx
☐ Sacroiliac Joints
☐ Scoliosis
☐ Skeletal Survey
☐ Pelvis
☐ Pelvis & Hips

ABDOMEN
☐ KUB
☐ Acute ABD

HEAD & NECK
☐ Orbits for Foreign Body
☐ Neck (Soft Tissue)
☐ Skull
☐ Orbits
☐ Facial Bones
☐ Nasal Bones
☐ Mandible
☐ TM Joints
☐ Adenoids

Upper Extremities

R	L	
☐	☐	Shoulder
☐	☐	Clavicle
☐	☐	AC Joint
☐	☐	Scapula
☐	☐	Humerus
☐	☐	Elbow
☐	☐	Forearm
☐	☐	Wrist
☐	☐	Scaphoid
☐	☐	Bone Age, Hand & Wrist
☐	☐	Finger Digit: 1 2 3 4 5

LOWER EXTREMITIES

R	L	
☐	☐	Hip
☐	☐	Femur
☐	☐	Knee
☐	☐	TIB/FIB
☐	☐	Ankle
☐	☐	Foot
☐	☐	Toe Digit: 1 2 3 4 5
☐	☐	OS Calcis

Other (Please Specify): _____

CLINICAL INFORMATION

Referring Doctor: Dr. Tiao Virirak Kattygnarath

Signature: _____

CC: _____

☐ **STAT** ☐ **VERBAL** Contact Number: 765-7654-343

Patient Information on Back

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

APPOINTMENT	MONTH	DAY	YR.	TIME

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.

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