

Waterloo Region Clinics

☐ (UXMBV) (OBSP)
Victoria X-Ray, Ultrasound,
Mammography & Bone Density
751 Victoria St. South, Ste. B100
Kitchener
Tel: 519-742-2636 Fax: 519-742-9717

☐ (UXMB) (OBSP)
University Avenue X-Ray, Ultrasound,
Mammography & Bone Density
65 University Ave. E.,
Waterloo
Tel: 519-746-3457 Fax: 519-886-8212

☐ (UXB)
Fairway X-Ray, Ultrasound & Bone Density
385 Fairway Road South,
Kitchener
Tel: 519-748-6844 Fax: 519-748-5306

☐ (UXMB) (OBSP)
Canamera X-Ray, Ultrasound,
Mammography & Bone Density
350 Conestoga Blvd, Unit B9,
Cambridge
Tel: 519-623-9464 Fax: 519-623-6736

☐ (UX)
Grandview X-Ray & Ultrasound
167 Hespeler Road,
Cambridge
Tel: 519-623-6060 Fax: 519-623-2947

☐ (UX)
Franklin X-Ray & Ultrasound
1150 Franklin Blvd., Suite 101,
Cambridge
Tel: 519-624-8280 Fax: 519-624-0714

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

CLINICAL INFORMATION

REFERRING DOCTOR: _____

SIGNATURE: _____

CC: _____

☐ STAT ☐ VERBAL Contact Number: _____

TRUE NORTH IMAGING

IMAGING REQUISITION

Waterloo Region Clinics

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

www.truenorthimaging.com

Name: _____ DOB: _____

Address: _____ HIN: _____

PHONE: _____

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



☐ **ONTARIO BREAST
SCREENING PROGRAM**
519-742-7599

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

- ☐ NECK (SOFT TISSUE)
☐ SKULL
☐ ORBITS
☐ ORBITS FOR FOREIGN BODY
☐ FACIAL BONES
☐ NASAL BONES
☐ MANDIBLE
☐ SINUS
☐ TM JOINTS
☐ ADENOIDS

UPPER EXTREMITIES

- R L
☐ ☐ SHOULDER
☐ ☐ CLAVICLE
☐ ☐ AC JOINT
☐ ☐ SCAPULA
☐ ☐ HUMERUS
☐ ☐ ELBOW
☐ ☐ FOREARM
☐ ☐ WRIST
☐ ☐ SCAPHOID
☐ ☐ BONE AGE, HAND & WRIST
☐ ☐ HAND
☐ ☐ 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)

**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.**



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.

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>