

(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, 18th Floor (UV)
Bay/Gerrard
PH: 416-597-1933 FAX: 416-340-1218
- ☐ The Bay Centre
655 Bay Street, 10th 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

NEWMARKET

- ☐ Newmarket Women's Ultrasound
1111 Davis Drive, Unit 39 (U)
Davis/Leslie
PH: 905-967-1181 FAX: 905-967-0214

Greater Toronto Area Requisition

Name: _____ DOB: _____

Address: _____ HIN: _____

PHONE: _____

REFERRING DOCTOR: _____

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

APPOINTMENT DATE AND TIME: _____

PATIENT INFORMATION ON THE BACK

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

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

APPOINTMENT	DAY	MONTH	YR.	HOUR
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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>