insight DIAGNOSTIC IMAGING CORP.

insightdiagnosticimaging.ca

X-RAY
ULTRASOUND
MUSKULOSKELETAL
BONE MINERAL DENSITY

Imaging Requisition

Directors of Medical Imaging:
Dr. Charlene Leonhardt & Dr. Anastasios Vourlas

Walk-Ins Accepted
Patient image access at PocketHealth.com/Insight

Patient Information

Last Name _____ First Name _____

Birthdate ___/___/___ (dd mm yyyy) OHIP ___-___-___ ___ (xxx xxx xxx VC) Sex M ❑ F ❑

Address _____ Gender (if diff. from above) M ❑ F ❑ X ❑

City _____ Postal Code _____

Phone (day) ( ) - (evening) ( ) -

Referring Physician

Name _____ Phone ( ) -

Address _____

Verbal ❑ Fax ❑ ( ) - Copy to: _____

Signature _____

Chiropractic Referral? ❑ Radiologist Consult Required? Y ❑ N ❑

Billing Number _____

Ultrasound

- ❑ Thyroid and Neck
- ❑ Scrotal
- ❑ G.U. Tract
  - ○ Kidneys ○ Bladder (Prostate)
- ❑ Transrectal / Prostate
  - ○ Include Kidneys & Bladder
- ❑ Follicular Monitoring

Obstetrics Gynecology

- ❑ Female Pelvic / Transvaginal
  - ○ Pelvic only ○ T/V only
- ❑ Dual Scan Series:
  NT Scan (11-14 wks.);
  Anatomical (18-20 wks.)
- ❑ NT Scan (11-14 wks.)
- ❑ Obstetrical
- ❑ Biophysical profile
- ❑ Twins
- ❑ Sonohysterography
- ❑ 3D Ultrasound
- ❑ Fallopian Tubes

LMP ___/___/___ (dd mm yyyy)

Vascular (Coxwell)

- ❑ Carotid Duplex
- ❑ Arterial Duplex ○ (upper) ○ lower
- ❑ Venous Duplex ○ (upper) ○ lower
- ❑ Vascular Screening (Carotid, Aorta,Legs)
- ❑ Venous Insufficiency
- ❑ Renial Arterial
- ❑ Diabetic Foot Assessment

Abdominal/Pelvic

- ❑ Abdominal
- ❑ Male Pelvic (Pre- and Post-Void)

Abdominal Aortic Aneurism Screening *Recommended for all patients 65 & over* ❑

Other (please specify)

_____

_____

_____

_____

X-Ray

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

Chest

- ❑ Chest PA & Lat
- ❑ Chest PA Ins, Exp & 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

Other (please specify)

_____

_____

_____

_____

_____

Muskuloskeletal

R L
- ❑ ❑ Shoulder/AC Joint
- ❑ ❑ Rotator Cuff
- ❑ ❑ Elbow
- ❑ ❑ Wrist/Hand
- ❑ ❑ Carpal Tunnel Syndrome
- ❑ ❑ Groin Mass/Inguinal Area
- ❑ ❑ Hip
- ❑ ❑ Hamstring
- ❑ ❑ Knee
- ❑ ❑ Popliteal fossa
- ❑ ❑ Calf
- ❑ ❑ Ankle/Foot
- ❑ ❑ Achilles Tendon
- ❑ ❑ Plantar Fascia

Other (please specify) _____

_____

Bone Mineral Density

- ❑ Baseline (One per lifetime)
- ❑ High risk annual
- ❑ Low risk (3 years after baseline, subsequent studies after 5 years)
- ❑ Prior BMD Date: ___/___/___ (dd mm yyyy)

Risk category*: _____

**See www.health.on.gov.ca for BMD risk and MOH billing information.*

Clinical Information

_____

_____

_____

STAT REPORT REQUIRED ❑

Canadian Association of Radiologists

Appointment Location

❑ Central Toronto Diagnostic Imaging ❑ Spadina-Bloor Ultrasound & X-ray ❑ Coxwell Ultrasound ❑ Victoria Terrace X-Ray & Ultrasound

***Please ensure that required services are offered at chosen location (reverse).**

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

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Insight is part of the Ocean Provider Network

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Call for an Appointment (see phone numbers below):

Date: ____ / ____ / ____ Time: _____ am/pm
dd mm yyyy

Location (locations listed on right):

Please bring your Ontario Health Card along with this requisition to your appointment. If you are unable to keep this appointment, please give at least 24 hours notice.

Please arrive 15 minutes prior to your appointment time.

Preparation and Instructions:

These instructions are IMPORTANT. Please follow them.

X-RAY (X)

If you are pregnant or think you might be, please talk to your doctor before having an x-ray. Women who think they may be pregnant should not have an x-ray during the last two weeks of their menstrual cycle.

Bone Mineral Density (B)

It is preferable to wear clothing without zippers or fasteners (e.g. jogging suit or leggings). On the day of the examination do not take calcium supplements or iron tablets until after the examination.

Ultrasound (U)

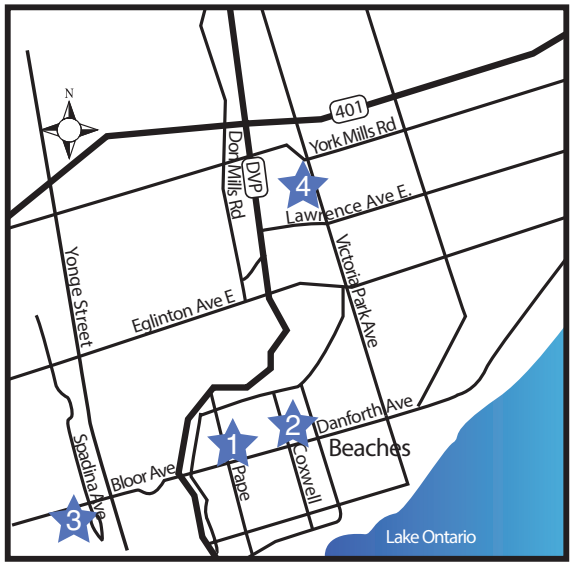
ABDOMEN: Includes studies of the GALL BLADDER, PANCREAS, SPLEEN, LIVER, KIDNEYS, and AORTA.
If your appointment is in the morning, do not eat or drink anything after midnight the night before. If your appointment is in the afternoon, for breakfast you may eat dry toast, black tea, black coffee, and juice up to 9 a.m. but have nothing to eat or drink after that. These instructions are important as we require you to have an empty stomach.

PELVIS: Includes TRANSVAGINAL (UTERUS, OVARIES, BLADDER) and PREGNANCY (OBSTETRICAL)
You must have a full bladder for this examination. Please start drinking 1 1/2 hours before your appointment and finish 45 minutes before the appointed time. You must drink 3 cups (24 oz / 750 mL) of fluid. This can include coffee, tea, juice, water etc. but not milk. **Do not go to the washroom**. We will try to examine you as soon as possible on arrival so that you won't be uncomfortable for too long. Eat the meal nearest your examination (there is no reason not to eat).

ABDOMEN and PELVIS combined examinations (ALSO G.U. TRACT)
You must have an empty stomach and full bladder. Do not eat anything within
12 hours of the examination. Finish drinking 3 cups (24 oz / 750 mL) of water (*and only water*) 45 minutes before your examination. **Do not go to the washroom.**

PROSTATE with TRANSRECTAL
Take a mild laxative the evening before your appointment (PROSTATE ONLY - OMIT LAXATIVE). Please start drinking 1 1/2 hours before your appointment and finish 45 minutes before the appointed time. You must drink 3 cups (24 oz / 750 mL) of water.

****It is important that you arrive 15 minutes before your scheduled appointment time so we can gather important health information prior to your appointment.****



Radiology services offered vary by location.
Please see below for clinic locations and services offered.

X: X-RAY	U: Ultrasound	M: Muskuloskeletal	B: Bone Mineral Density

Location	Services Offered
❑ Central Toronto Diagnostic Imaging (Pape and Danforth) 1 658 Danforth Avenue, Main Floor, Toronto T 416-465-5735 F 416-465-1402	XUMB
❑ Coxwell Ultrasound (Coxwell and Danforth) 2 1577 Danforth Avenue, Unit 7, Toronto T 416-465-4679 F 416-465-2150	U
❑ Spadina-Bloor Ultrasound & X-ray 3 720 Spadina Avenue, Unit 200, Toronto T 416-519-9699 F 416-519-6899	UXM
❑ Victoria Terrace X-Ray & Ultrasound (West side of Victoria Terrace Mall) 4 1448 Lawrence Avenue East, Suite 209 T 416-750-4555 F 416-750-4568	XUMB

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