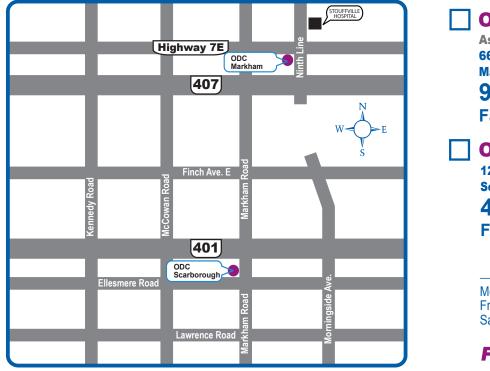
Diagnostic	AVAILABLE Ashgro WHEELCHAIR ACCESIBLE BALLON OCISTS RESENT ADIOLOGISTS RESENT	ve Medical Centre wy 7E, Suite 005 m, 0N, L3P 7P2 •294-4880 416	SCARBOROUGH CLINIC HOURS arkham Road, Suite 112 Mon-Thurs: 8:00 AM to 5:30 PM rough, ON Friday: 8:00 AM to 4:30 PM C3 Saturday: 8:00 AM to 3:00 PM -439-4866 (X-rays start at 8:30 AM) #16-439-5776 FREE PARKING
Name		D.O.B.	Sex Health No. & V.C.
Address & Tel. No.			M F Appointment Date and Time
BONE DENSITY (NO APPOINTMENT REQUIRED)			ULTRASOUND EXAMINATIONS (BY APPOINTMENT ONLY)
CD Baseline Low Risk - 5yr			GENERAL
		High Risk - 1yr	Breast Ultrasound E B
X-RAY (NO APPOINTMENT REQUIRED)			Abdomen Renal + Bladder
ABDOMEN UPPER EXTREMITIES LOWER EXTREMITIES			PVR-Post Void Residual
Single view (KUB)			Abdomen & Pelvis
Acute (Includes PA & Chest)	B L Shoulder	B G Femur	(Includes transvaginal unless contraindicated)
			Pelvis: (includes transvaginal unless contraindicated)
HEAD & NECK	🖪 🕒 A.C. Joints	B L Tib & Fib	Male Pelvis:
📮 Skull	🖪 🗳 Scapula	🖻 🕒 Ankle	Abdominal Wall
Sinuses	🖪 🕒 Humerus	🖪 🕒 Foot	Prostate-Transrectal
Soft Tissue of Neck	🖪 🕒 Elbow	🖪 🕒 Heel	Testicular / Scrotum
Nasal Bones	🖪 🕒 Forearm	🖪 🕒 Toes - Nº 1 2 3 4 5	☐ Transvaginal ☐ Groin/Hernia । ₪
Facial Bones	🖻 🕒 Wrist	SPINE & PELVIS	L Groin/Hernia ▣ L NECK
Mandible	🖪 🕒 Scaphoid	Cervical Spine	Thyroid I Neck mass
T.M. Joints	🖪 🕒 Hand	Thoracic Spine	 Salivary Glands
🖵 Orbits 🖪 🕒	🖻 🕒 Finger	Lumbo-Sacral Spine	OBSTETRICAL
CHEST	Nº 1 2 3 4 5	L/S Spine, Pelvis	OB Dating (<16wks)
Chest (PA & LAT)		& S.I. Joints	□ IPS (NT) (11-13 wks, 6 days)
🗆 Ribs 🖪 🕒 🖻	SKELETAL SURVEY	Sacrum & Coccyx	OB Routine Anatomy Scan (18-20wks)
(Includes PA & Chest)	Metastatic Series	S.I. Joints	Bio physical Profile (>30 Weeks)
Sternum	Arthritic Series	AP Pelvis	OB High Risk
S.C. Joints	Metabolic Series	📮 Pelvis & Hip 🖻 🕒 🖻	OB Follow Up
BARIUM STUDIES (At ODC Scarborough by appointment only) MUSCULOSKELETAL			
Barium Swallow G.I. + Small Bowel GI			L B B Hip
			L B B Hamstring L B B Knee
I DECLARE THAT I AM NOT PRESENTLY PREGNANT			
CLINICAL INFORMATION REQUIRED:			🕒 🖻 Tendon
			🕒 🖻 🕘 Ankle
			L B B Shoulder L B B Elbow
			🕒 🖻 🖲 Other Muscle Area
			🕒 🖻 🕘 Other Soft Tissue
MD: DR's OFFIC		's OFFICE STAMP	VASCULAR ULTRASOUND (At ODC Markham by appointment only)
		S OFFICE STAMF	Carotid Inguinal Canal
CC:			Aorta + Iliac Arteries D Renal Vascular
		or, please print your name as well	
PLEASE BRING YOUR HEALTH CARD & THIS REQUEST FORM Last Patient Registration Half an Hour Before Closing This requisition form can be taken to any licensed facility providing healthcare services including hospitals and IHFs, such as those on the IHF Program website			

Cancellation should be made 24 hours before appointment.



ODC-MARKHAM

Ashgrove Medical Centre 6633 Hwy 7E, Suite 005 Markham, ON, L3P 7P2 905-294-4880 Fax: 905-472-6629

ODC-SCARBOROUGH

1200 Markham Road, Suite 112 Scarborough, ON, M1H 3C3 **416-439-4866**

Fax: 416-439-5776

CLINIC HOURS

 Mon-Thurs:
 8:00 AM to 5:30 PM

 Friday:
 8:00 AM to 4:30 PM

 Saturday:
 8:00 AM to 3:00 PM

 (X-rays start at 8:30 AM)

FREE PARKING

ULTRASOUND PREPARATIONS

ABDOMEN ULTRASOUND

- EAT A FAT FREE DINNER THE NIGHT BEFORE YOUR APPOINTMENT
- NO DAIRY PRODUCTS OR FRIED FOODS
- NO CARBONATED DRINKS 12 HOURS BEFORE YOUR APPOINTMENT
- NOTHING TO EAT OR DRINK AFTER MIDNIGHT THE NIGHT BEFORE
- DO NOT EAT BREAKFAST

PELVIS ULTRASOUND (ALL TYPES)

- DRINK 4-5 GLASSES OF WATER OR CLEAR FLUID (WATER, JUICE, BLACK COFFEE OR BLACK TEA) **TO BE FINISH ONE HOUR BEFORE** YOUR APPOINTMENT TIME.
- DO NOT VOID A FULL BLADDER IS NECESSARY FOR THE EXAMINATION
- NO FASTING NECESSARY

ABDOMEN AND PELVIS ULTRASOUND TOGETHER

- EAT A FAT FREE DINNER THE NIGHT BEFORE YOUR APPOINTMENT
- NO DAIRY PRODUCTS OR FRIED FOODS
- NOTHING TO EAT AFTER MIDNIGHT THE NIGHT BEFORE
- DRINK 4-5 GLASSES OF WATER **TO BE FINISH ONE HOUR BEFORE** YOUR
 APPOINTMENT TIME.
- DO NOT VOID A FULL BLADDER IS NECESSARY FOR THE EXAMINATION

NO PREPARATION IS REQUIRED FOR FOLLOWING

- SCROTAL/TESTICULAR ULTRASOUND
- THYROID ULTRASOUND

GENERAL INSTRUCTIONS

MUSCULOSKELETAL ULTRASOUND (ANY TYPE)

OBSTETRICAL ULTRASOUND

- FOR LESS THAN 12 WEEKS DRINK 4-5 GLASSES OF WATER OR CLEAR FLUID (WATER, JUICE, BLACK COFFEE OR BLACK TEA) **TO BE FINISH ONE HOUR BEFORE** YOUR APPOINTMENT TIME. YOU MUST EAT BREAKFAST/ LUNCH.
- FOR 12-18 WEEKS/ FOR OVER 18 WEEKS DRINK 2 GLASSES (OR 1 SMALL BOTTLE) OF CLEAR FLUID (WATER, JUICE, BLACK COFFEE OR BLACK TEA) **TO BE FINISH ONE HOUR BEFORE** YOUR APPOINTMENT TIME. YOU MUST EAT BREAKFAST/ LUNCH.

NUCHAL TRANSLUCENCY - IPS

- DRINK 3 GLASSES OF WATER OR CLEAR FLUID (WATER, JUICE, BLACK COFFEE OR BLACK TEA) TO BE FINISH ONE HOUR BEFORE YOUR APPOINTMENT TIME.
- YOU MUST BRING ALL THE PAPERS FROM YOUR DOCTOR (BLOOD WORK REQUISITION, I.P.S. SCREENING PAPER, ETC.) WITH YOU FOR YOUR APPOINTMENT

PROSTATE-TRANSRECTAL ULTRASOUND

- PURCHASE A FLEET ENEMA FROM THE PHARMACY AND FOLLOW THE INSTRUCTIONS IN THE PACKAGE
- SELF ADMINISTER THE ENEMA 2 HOURS BEFORE YOUR APPOINTMENT TIME
- DRINK 4-5 GLASSES OF WATER OR CLEAR FLUID (WATER, JUICE, BLACK COFFEE OR BLACK TEA) **TO BE FINISH ONE HOUR BEFORE** YOUR APPOINTMENT TIME.
- DO NOT VOID A FULL BLADDER IS NECESSARY FOR THE EXAMINATION

ALL BARIUM STUDIES

NOTHING TO EAT OR DRINK 12 HOURS PRIOR TO THE TEST

OHIP REQUIRES THAT YOU BRING YOUR CURRENT HEALTH CARD AND THIS REQUISITION, SIGNED BY YOUR PHYSICIAN



Please advise us if you are diabetic
 Come to your appointment with an interpreter, if required
 Young children must be accompanied by an adult

Visit our web site - **www.ontdc.ca** - for more information