

# X-RAY / ULTRASOUND REQUISITION

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Patient's Last Name : \_\_\_\_\_  
 First Name: \_\_\_\_\_  
 Phone #: \_\_\_\_\_  
 Health Card # \_\_\_\_\_  
 Date of birth: \_\_\_\_\_ Sex:  M  F

Clinical Information \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

PLEASE BRING VALID HEALTH CARD

**STAT**

### ULTRASOUND call for an Appointment

**GENERAL**

Abdomen

Female Pelvis  
(include Transvaginal unless contraindicated)

Male Pelvis

Transrectal

Others

**MUSCULOSKELETAL**

Shoulders

Neck

Arms

Elbows

Forearms

Wrist & Hands

Hip Joint/Greater Trochanter

Lumbar Sacra /Gluteal Region

Hamstring/Thigh

OBS (Below 16 Weeks)

OBS (Above 16 Weeks)

OBS (High-risk/problem)

**SMALL PARTS**

Thyroid

Sub Mandibular Glands

Parotid Glands

Testes / Scrotum

Groin

Penile

Soft Tissue / Lump

Breast

Cervical Region

Thoracic Region

Knee/Pop Fossa

Calf

Foot / Ankle

Achilles Tendon

Planta Fascia

**Doppler Vascular Studies**  
(Including colour)

ABI \_\_\_\_\_

Carotids

Peripheral arterial area of interest \_\_\_\_\_

Peripheal Venous area of interest \_\_\_\_\_

### X-RAY call for an Appointment

**ABDOMEN**

Single / KUB

Acute (include PA chest)

**HEAD & NECK**

Neck for soft tissues

Skull

Sinuses

Facial Bones

Nose

Mandible

Orbits

Temporomandibular joints-TMJ

**CHEST**

Chest PA & LAT

Ribs:  R  L  B (includes PA chest)

Sternoclavicular Joints

Sternum

**SPINE & PELVIS**

Cervical Spine

Thoracic Spine

Lumbar (L/S) Spine

L/S Spine Pelvis & S.I.Joints

Sacrum/Coccyx

S.I.Joints

Pelvis

**UPPER EXTREMITIES**

L R

Elbow

Forearm

Shoulder

Humerus

Clavicle

A.C.Joints


Scapula

Wrist

Scaphoid

Hand

Digit 1 2 3 4 5



**LOWER EXTREMITIES**

Hip

Femur

Knee

Tibia & Fibula


Ankle

Foot

Heel

Toe 1 2 3 4 5

Others view \_\_\_\_\_



### CARDIOLOGY

Echocardiogram  
 EKG  
 24 hrs. Holter Monitor  
 48 hrs. Holter Monitor

### PREGNANCY FORM

I declare, to the best of my knowledge that I am Not presently pregnant.

Signature: \_\_\_\_\_

### Referring Physician Information

Physician Name: \_\_\_\_\_ Signature: \_\_\_\_\_ NPI: \_\_\_\_\_ Phone#: \_\_\_\_\_

Send Reports to: FAX# \_\_\_\_\_ EMAIL: \_\_\_\_\_

# ULTRASOUND PREPARATION

- PREGNANCE OR PELVIS (Transvaginal and transabdominal) - Includes Uterus, Ovaries, Bladder, Prostate and Pregnancy

A FULL BLADDER IS REQUIRED FOR THIS EXAMINATION.

you must finish drinking 32 ounces (1 liter) of clear fluids (water is preferred) 1 hour before your appointment time (for example, if your appointment is for 10:00, start drinking at 8:30 and finish drinking by 9:00). Do not go to the washroom! Eat as usual.

Please note: if 5 months pregnant, or more , 16 ounces (1/2 liter) of fluids should be adequate.

## UPPER ABDOMEN

-Includes Gall Bladder, Liver, Pancreas, Aorta, Kidneys

DO NOT EAT OR DRINK FOR 8-12 HOURS BEFORE THIS EXAMINATION

Do not eat fried or fatty food on the day before your appointment

- Please note: A small amount of water is allowed if thirsty or with medication

## UPPER ABDOMEN & PELVIS

When both exams have been requested by your doctor

DO NOT EAT FOR 8-12 HOURS BEFORE THIS EXAMINATION

Do not eat fried or fatty food on the day before your appointment.

A FULL BLADDER IS REQUIRED FOR THIS EXAMINATION. You must finish drinking 32 ounces (1 litre) of water by 1 hour before your appointment time (for example, if your appointment is for 10:00, start drinking at 8:30 and finish drinking by 9:00). **Do not go to the washroom.**

# NO PREPARATION NECESSARY

- NECK, THYROID, SCROTUM, BREAST, MUSCULOSKELETAL, SUPERFICIAL MASSES.

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