



# AppleMed

## X-RAY, ULTRASOUND & MAMMOGRAPHY

(Precision Diagnostics Inc.)

T: (905) 566-1548 F: (905) 566-1643

Appointment Date & Time: \_\_\_\_\_

Applewood Village Plaza, 2nd Floor  
1077 North Service Rd, Unit 208A  
Mississauga, ON L4Y 1A6

Mon-Thurs: 9am-6pm Fri: 9am-5pm Sat: 9am-2pm

Name: Last \_\_\_\_\_  
First \_\_\_\_\_ ☐ M ☐ F  
DOB: dd/mm/yy Health No: \_\_\_\_\_ Ver: \_\_\_\_\_

Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Referring Doctor (print): \_\_\_\_\_

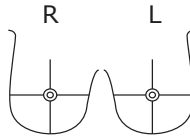
YOU MUST BRING YOUR REQUISITION & HEALTH CARD. PLEASE ARRIVE 15 MINUTES BEFORE YOUR APPOINTMENT

PLEASE FOLLOW INSTRUCTIONS ON BACK OR VISIT OUR WEBSITE

### MAMMOGRAPHY (By Appointment)



- ☐ Mammogram (C.A.R./OBSP accredited)
- ☐ Breast Ultrasound
- ☐ Implants
- ☐ Other



### BONE DENSITY (By Appointment)

- ☐ Baseline
- ☐ 2nd Test - 3 years after baseline
- ☐ High Risk - 1 year after last test
- ☐ Low Risk - 5 years (third time or more)
- Additional Sites: ☐ Forearm ☐ Total body

### ULTRASOUND (By Appointment)

#### GENERAL

- ☐ Renal (Kidneys + Pelvis)
- ☐ Abdomen
- ☐ Female Pelvis / Transvaginal
- ☐ Male Pelvis
- ☐ Transrectal Prostate
- ☐ Abdominal Wall
- ☐ Breast (including Axilla)
- ☐ Groin
- ☐ Scrotum with Doppler
- ☐ Thyroid/Neck
- ☐ Salivary Glands \_\_\_\_\_
- ☐ Other Soft Tissue \_\_\_\_\_

#### OBSTETRIC U/S

- ☐ 1st Trimester
- ☐ Nuchal Translucency/IPS (11-14 weeks)
- ☐ Dual Scan NT / IPS1 & 18-20 weeks Scan
- ☐ Anatomic Survey (18-20 weeks)
- ☐ 3rd Trimester (Fetal Growth/BPP)

#### MUSCULOSKELETAL U/S

- ☐ R ☐ L Shoulder ☐ R ☐ L Hip
- ☐ R ☐ L Elbow ☐ R ☐ L Knee
- ☐ R ☐ L Wrist/Hand ☐ R ☐ L Ankle
- ☐ Other \_\_\_\_\_ ☐ R ☐ L Foot
- ☐ Hips (CDH for child 3-52 wks)

### VASCULAR (By Appointment)

#### LOWER EXTREMITY

- ☐ Arterial ☐ Venous
- \_\_\_ P.V.D. \_\_\_ R/O DVT
- \_\_\_ ABI \_\_\_ Venous Reflux
- \_\_\_ Toe Pressures \_\_\_ Superficial Veins

#### UPPER EXTREMITY

- ☐ Arterial ☐ Venous
- \_\_\_ P.V.D. \_\_\_ R/O DVT
- \_\_\_ Aneurysm \_\_\_ Superficial Veins

- ☐ Carotid Doppler ☐ Abdominal Doppler
- \_\_\_ Bruit Evaluation \_\_\_ Aorta & Illiacs
- \_\_\_ Vertigo/Dizziness \_\_\_ Renal Artery & Veins
- \_\_\_ T.I.A. / CVA

### X-RAY (No Appointment Needed - Starts From 9am)

#### CHEST

- ☐ Chest
- ☐ Ribs (Incl. Chest PA)  
☐ Right ☐ Left
- ☐ Sternum ☐ SC Joints

#### HEAD AND NECK

- ☐ Sinuses
- ☐ Facial Bones
- ☐ Nasal Bones
- ☐ Skull
- ☐ Orbits (FB, MRI)
- ☐ Mandible ☐ TM Joints
- ☐ Mastoids
- ☐ Neck / Soft Tissues / Adenoids

#### ABDOMEN

- ☐ Single View
- ☐ Abdomen Acute

#### SPINES / PELVIS

- ☐ Cervical + ☐ Flex - Ext
- ☐ Thoracic
- ☐ Lumbar + ☐ Obliques
- ☐ L/S Spine, S.I.Jts, Pelvis
- ☐ Sacrum / Coccyx
- ☐ SI Joints
- ☐ Pelvis + ☐ Hips \_\_\_\_\_
- ☐ Scoliosis Series

#### UPPER EXTREMITY

- ☐ R ☐ L Shoulder
- ☐ R ☐ L Scapula
- ☐ AC Joints ☐ SC Joints
- ☐ R ☐ L Clavicle
- ☐ R ☐ L Humerus
- ☐ R ☐ L Elbow
- ☐ R ☐ L Forearm
- ☐ R ☐ L Wrist ☐ R ☐ L Hand
- ☐ R ☐ L Finger 1 2 3 4 5

#### SKELETAL SURVEY (by appointment only)

- ☐ Arthritic Survey
- ☐ Metastatic Series
- ☐ Bone Age

#### LOWER EXTREMITY

- ☐ R ☐ L Hip
- ☐ R ☐ L Femur
- ☐ R ☐ L Knee
- ☐ R ☐ L Tib / Fib
- ☐ R ☐ L Ankle
- ☐ R ☐ L Foot
- ☐ R ☐ L Heel
- ☐ R ☐ L Toe 1 2 3 4 5

#### G.I. TRACT (by appointment only)

- ☐ BA Swallow
- ☐ Upper G.I. Series
- ☐ G.I. & Small Bowel

This requisition form can be taken to any licensed IHF facility / Hospital providing these services

I declare that I am not presently pregnant \_\_\_\_\_

CLINICAL INFORMATION: \_\_\_\_\_

☐ VERBAL - ASAP

Referred By: \_\_\_\_\_ (OHIP provider #: \_\_\_\_\_) CC: \_\_\_\_\_

## A. IMPORTANT GENERAL NOTES:

**Weight Limit** - If over 300 lbs, please check with us for any restrictions

**Gender Preference for Staff** - Ask us when booking and also check for any last minute changes

**To Cancel** - Please give us at least 1 working day notice, to avoid being charged

**Accessibility Issues** - Please check with us

**Language Concerns** - It is best to come with your own interpreter

**Medications** - Unless told, there is no need to stop any medications

**Any Chances of Pregnancy? (for X-Ray patients)** - tell us before the X-Ray

**X-Rays** - Last patient will be taken half hour before closing time

**B. PREPARATION INSTRUCTIONS:** These apply to most adult patients. For children, very elderly and weak, or special situations, check with us. A two piece outfit without any metal or plastics is best for most X-Rays and Bone Density exams.

☐ **MAMMOGRAPHY:** No underarm or chest deodorant/powder.

**(This is a C.A.R. Accredited and OBSP Mammography site)**

☐ **BONE DENSITY:** If you have had Nuclear Medicine scan or barium tests or contrast injections, wait for 1 week for this test. Max 350 lbs. Best to have clothing with no belts, buttons, zippers, domes or fasteners.

☐ **RENAL ULTRASOUND:** No eating for 6 hours, **and** no fat, dairy or gas producing products for 8 to 10 hours. **Also, complete drinking 40 oz. of water**, 1 hour prior to examination. **Need a full bladder.**

☐ **ABDOMEN ULTRASOUND:** Kidneys, Gall Bladder, Liver, Spleen, Pancreas, Aorta.

**MORNING Exam:** Nothing to eat or drink for 8-10 hours before.

**AFTERNOON Exam:** Early breakfast, but no fat, dairy or gas producing items for 10 hours. No eating for 6 hours. **10 hours prior to test**, best to avoid smoking, carbonated beverages, dairy products, fatty or fried foods.

☐ **PELVIS, TRANSVAGINAL, OBSTETRICAL ULTRASOUND:** **Needs full bladder. Complete drinking 40 oz. (1.25 litres) of water**, 1 hour before your booked time. Start drinking 1.5 to 2 hours prior to appointment time. Don't void until after exam. If you are in extreme discomfort on arrival, please let us know. For 3rd trimester pregnancy, 4 glasses (32 oz.) water may suffice. For children under 12, 2 glasses of water may suffice (may need to adapt based on age)

☐ **TRANSRECTAL ULTRASOUND for Prostate:** **Needs full bladder.** Take fleet Enema (obtain from pharmacy) rectally 2 hours before the test, follow instructions on the packet - **OR** - insert Dulcolax suppository (obtain from pharmacy) rectally 2 hours prior to exam. **Also, complete drinking 5 glasses of water** (40 oz. or 1.25 litres) 1 hour before the exam. Bring PSA results if available.

☐ **UGI and Small Bowel:** Esophagus, stomach, Duodenum and lap band. Nothing to eat or drink for 10 hours before exam.

## DIRECTIONS TO CLINIC (Applewood Plaza) – QEW & CAWTHRA

We are on North Service Rd between Cawthra & Dixie (north of QEW and north of Dixie Mall)

Our entrance is behind TD bank building (between Home Health Care & jewellery shop)

