

INFO	PATIENT'S LAST NAME		FIRST NAME		DATE OF BIRTH			SEX	
	ADDRESS		TOWN/CITY		DAY	MONTH	YEAR	M	F
	HEALTH NUMBER		TELEPHONE						

**APPOINTMENT
DATE AND TIME:** _____

Missed appointments will be charged to you unless 24 hours notice is given. Appointments may be rescheduled if you are late.

**PATIENT INSTRUCTIONS AND CLINIC LOCATIONS ON BACK OF THIS FORM
PLEASE BRING THIS REQUISITION and YOUR HEALTH CARD TO YOUR APPOINTMENT**

☐ **STAT** ☐ **VERBAL**

XRAY	BARIUM STUDIES <input type="checkbox"/> UGI <input type="checkbox"/> Barium Swallow <input type="checkbox"/> Small Bowel <input type="checkbox"/> UGI/SB <input type="checkbox"/> Barium Enema ABDOMEN <input type="checkbox"/> KUB <input type="checkbox"/> Acute ABD UPPER EXTREMITIES R L <input type="checkbox"/> Shoulder <input type="checkbox"/> Clavicle <input type="checkbox"/> AC Joints <input type="checkbox"/> Scapula <input type="checkbox"/> Humerus <input type="checkbox"/> Elbow <input type="checkbox"/> Forearm <input type="checkbox"/> Wrist <input type="checkbox"/> Scaphoid <input type="checkbox"/> Hand <input type="checkbox"/> Digit	HEAD & NECK <input type="checkbox"/> Sinuses <input type="checkbox"/> Skull <input type="checkbox"/> Sella Turcica <input type="checkbox"/> Facial Bones <input type="checkbox"/> Nose <input type="checkbox"/> Mandible <input type="checkbox"/> T.M. Joints <input type="checkbox"/> Adenoids <input type="checkbox"/> Mastoids <input type="checkbox"/> Neck for Soft Tissue <input type="checkbox"/> Internal Auditory Meati <input type="checkbox"/> Orbits LOWER EXTREMITIES R L <input type="checkbox"/> Hip <input type="checkbox"/> Femur <input type="checkbox"/> Knee <input type="checkbox"/> Tibia & Fibula <input type="checkbox"/> Ankle <input type="checkbox"/> Foot <input type="checkbox"/> Calcaneus <input type="checkbox"/> Toes	SPINE & PELVIS <input type="checkbox"/> Cervical Spine <input type="checkbox"/> Thoracic Spine <input type="checkbox"/> Lumbar Spine <input type="checkbox"/> Scoliosis Series <input type="checkbox"/> Sacrum & Coccyx <input type="checkbox"/> S-I Joints <input type="checkbox"/> Pelvis SKELETAL SURVEY <input type="checkbox"/> Arthritic <input type="checkbox"/> Metastatic <input type="checkbox"/> Bone Age	CHEST <input type="checkbox"/> Chest PA & LAT <input type="checkbox"/> Chest PA Ins & Exp & Lat <input type="checkbox"/> Chest PA <input type="checkbox"/> Sternum <input type="checkbox"/> Ribs & Chest PA <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Immigration OTHER VIEWS	BONE MINERAL ANALYSIS (DEXA) <input type="checkbox"/> BONE DENSITY HIP & SPINE BREAST IMAGING <input type="checkbox"/> MAMMOGRAM <input type="checkbox"/> ULTRASOUND	CARDIAC AND VASCULAR STUDIES <input type="checkbox"/> ECHOCARDIOGRAM <input type="checkbox"/> (M-mode, 2D and Colour Doppler) <input type="checkbox"/> RESTING ECG <input type="checkbox"/> ECG MONITORING (HOLTER) <input type="checkbox"/> EXERCISE STRESS TEST <input type="checkbox"/> AMBULATORY BLOOD PRESSURE MONITORING <input type="checkbox"/> CAROTID <input type="checkbox"/> PERIPHERAL ARTERIAL Lower Limb <input type="checkbox"/> R <input type="checkbox"/> L Upper Limb <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> PERIPHERAL VENOUS Lower Limb <input type="checkbox"/> R <input type="checkbox"/> L Upper Limb <input type="checkbox"/> R <input type="checkbox"/> L
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ULTRASOUND	<input type="checkbox"/> ABDOMEN FEMALE PELVIC <input type="checkbox"/> Transabdominal <input type="checkbox"/> Transvaginal <input type="checkbox"/> Hysterosonogram OBSTETRICAL <input type="checkbox"/> Routine <input type="checkbox"/> High Risk <input type="checkbox"/> BPP <input type="checkbox"/> Nuchal Translucency (NT) PROSTATE ULTRASOUND <input type="checkbox"/> Transrectal (includes US kidneys) <input type="checkbox"/> Transabdominal	SMALL PARTS <input type="checkbox"/> Thyroid <input type="checkbox"/> Parathyroid <input type="checkbox"/> Salivary Glands <input type="checkbox"/> Thorax <input type="checkbox"/> Scrotum <input type="checkbox"/> Other EXTREMITIES MUSCULOSKELETAL R L <input type="checkbox"/> Shoulder <input type="checkbox"/> Elbow <input type="checkbox"/> Wrist & Hand <input type="checkbox"/> Knee <input type="checkbox"/> Ankle <input type="checkbox"/> Achilles Tendon <input type="checkbox"/> Hamstring <input type="checkbox"/> Hip <input type="checkbox"/> Plantar Fascia <input type="checkbox"/> Other	NUCLEAR MEDICINE	GENERAL NUCLEAR MEDICINE BONE SCAN <input type="checkbox"/> Total Body <input type="checkbox"/> SPECT <input type="checkbox"/> Specific Site GALLIUM SCAN <input type="checkbox"/> Total Body <input type="checkbox"/> Specific Site RESPIRATORY <input type="checkbox"/> V/Q Lung Scan RENAL FLOW & SCAN <input type="checkbox"/> DMSA (Cortical) Function <input type="checkbox"/> Relative GFR <input type="checkbox"/> With Lasix Intervention <input type="checkbox"/> With Captopril Intervention	G.I. <input type="checkbox"/> Liver/Spleen Scan-SPECT <input type="checkbox"/> Hepatobiliary Scan (HIDA) <input type="checkbox"/> Red Blood Cell Liver Scan ENDOCRINE <input type="checkbox"/> Thyroid Scan <input type="checkbox"/> Thyroid Uptake <input type="checkbox"/> Thyroid Uptake & Scan <input type="checkbox"/> Parathyroid MISCELLANEOUS <input type="checkbox"/> Salivary Gland Flow & Scan <input type="checkbox"/> White Blood Cell Scan <input type="checkbox"/> Other	NUCLEAR CARDIOLOGY MYOCARDIAL PERFUSION STUDY (includes rest and post stress ejection fractions) <input type="checkbox"/> with exercise (treadmill) stress, or <input type="checkbox"/> pharmacological (persantine) stress <input type="checkbox"/> MUGA (Multi-Gated Acquisition) - rest only (includes RV & LV ejection fractions) <input type="checkbox"/> Thallium - 201 Viability - rest only
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CLINICAL	Referred By: _____ M.D.
	Copy To: _____

PATIENT INSTRUCTIONS

ULTRASOUND PREPARATIONS

ABDOMINAL ULTRASOUND

- Fat free dinner the night before examination.
- No dairy products or fried foods.
- No carbonated drinks 12 hours prior to examination.
- Nothing to eat or drink after midnight.

PELVIC/OBSTETRICAL OR TRANSABDOMINAL PROSTATE

- Drink 6 large glasses (48 oz.) of clear fluids (water, juice, black coffee or tea).
- You must be finished drinking all 48 oz. of fluid one hour before the examination.
- DO NOT VOID – A full bladder is necessary for the examination.
- Please eat breakfast and lunch.

ABDOMINAL/PELVIC TOGETHER

- Fat free dinner the night before examination.
- Nothing to eat after midnight.
- Drink 6 large glasses (48 oz.) of clear fluids (water, juice, coffee or tea) one hour before examination).
- DO NOT VOID – A full bladder is necessary for the examination.

SCROTUM ULTRASOUND

THYROID ULTRASOUND

MUSCULOSKELETAL ULTRASOUND

No preparation required.

TRANSRECTAL PROSTATE ULTRASOUND PREPARATIONS:

- 1) Purchase FLEET ENEMA from the pharmacy. Follow instructions in the package. Take the enema 2 hours before the appointment time.
- 2) Drink 5 glasses of water 1 hour before examination. DO NOT VOID (urinate) until the examination is completed.

X-RAY PREPARATIONS

GASTRIC SERIES (UGI)

- Nothing to eat or drink after midnight.

SMALL BOWEL FOLLOW-THROUGH

- Nothing to eat or drink after midnight.
- This examination may take 1-3 hours.

BARIUM ENEMA (COLON - AIR CONTRAST)

ON THE DAY PRIOR TO THE EXAMINATION:

- 12 noon – liquid lunch
- Take Colyte, Golytely or Klean Prep. at 12:30 p.m. Follow instructions on package.
- Liquids only until midnight. No solids after midnight. If diabetic consult your Doctor.

MAMMOGRAM

- No deodorant or powder.

BONE DENSITOMETRY

- No preparation required.

PULMONARY FUNCTION TESTS

- Wear comfortable shoes, with a rubber sole (running shoes) and loose fitting clothes.
- DO NOT TAKE ANY ALLERGY, COLD, OR ASTHMA MEDICATION (PUFFERS) 24 HRS BEFORE TEST.

CERTAIN EXAMINATIONS ARE DONE AT SPECIFIC LOCATIONS. PLEASE CALL FOR FURTHER INFORMATION.

PLEASE BRING THIS REQUISITION AND YOUR HEALTH CARD.

NORTH YORK:

- 2065 Finch Ave. W. #B1 (Oakdale Professional Bldg)
PH: 416-745-8050 FX: 416-745-1125
- 2115 Finch Ave. W. #101 (York-Finch Medical Centre)
PH: 416-744-2655 FX: 416-744-0581

VAUGHAN:

- 8333 Weston Rd. #B04 (Columbus Medical Arts Bldg)
PH: 905-850-7478 FX: 905-850-6934
(*booking line for this location only)
PH: 905-850-2265

MISSISSAUGA:

- 3461 Dixie Rd. #201 at Bloor (High Point Medical Centre)
PH: 905-625-9886 FX: 905-625-0780
- 1420 Burnhamthorpe Rd. E. #103 (at Dixie)
PH: 905-624-3869 FX: 905-624-5660
- 3420 Hurontario St. #205 at West Central Pkwy. (City Centre Medical Arts Bldg)
PH: 905-270-5933 FX: 905-270-6169

Associated Divisions - at above addresses

OBSP - North York West - The Lastman Clinic
OBSP - Mississauga - Mississauga Breast Imaging Centre
OBSP - Vaughan - Vaughan Breast Imaging Centre
Mississauga Vascular Lab
North York West Vascular Lab
Vaughan Vascular Lab
Vaughan Nuclear Medicine Services
Vaughan Imaging Consultants
Ontario Musculoskeletal Imaging Centre (OMIC)
York Finch Radiology Associates

NUCLEAR MEDICINE PATIENT INSTRUCTIONS

Please advise if pregnant or breast feeding.

THYROID UPTAKE AND SCAN

- Thyroid medication will affect the outcome of the test.
- Check with your Doctor regarding your medications.
- Please bring a list of all medications.
- DAY 1: nothing to eat or drink during 1 hour prior to test.
- DAY 2: no restrictions, resume regular diet
- No iodinated contrast injection (angiography, CT, IVP) in the prior 6 weeks.

SALIVARY SCAN

- No iodinated contrast injection (angiography, CT, IVP) in the prior 6 weeks.

RENAL SCAN WITH GFR

- Drink 2 glasses of water / juice 30 minutes prior to test.

RENAL CAPTOPRIL STUDY

- Nothing to eat 4 hours prior to the test.
- Patients should be off ACE inhibitors for 72 hours prior to test.
- Please check with your referring Doctor.
- Bring all medications you are taking with list of dosage amount and frequency.

LIVER / SPLEEN SCAN, RBC LIVER, LUNG V/Q SCAN, GALLIUM SCAN, PARATHYROID SCAN

- No preparation required.

BONE SCAN

- No barium for 48 hours prior.
- No preparation required.
- Two parts, approximately 3-4 hours in total.

HEPATOBIARY (HIDA) SCAN

- Nothing to eat or drink for 4 hours prior to test.

V/Q LUNG SCAN

- Must have chest x-ray 24 hours prior to test.

NUCLEAR CARDIOLOGY

- Patients should check with their Doctor whether or not to discontinue use of any HEART MEDICATIONS.
- Patients should have no breakfast on the day of the test and NO CAFFEINE (tea, coffee, chocolate, cola) 12 hours prior to test.
- Bring comfortable running shoes and shorts or pants for the exercise test.
- Bring all HEART AND OTHER MEDICATIONS you are currently taking / bring list of with dosage amount and frequency.
- The MYOCARDIAL PERFUSION STUDY examination consists of two parts which last approximately 5-6 hours in total duration. The majority of the time will be spent in the department.
- The Resting MUGA (ventricular function) consists of one part and lasts about 1-1.5 hours.

DIABETICS

- Morning of test:
Have a light breakfast and continue diabetic oral medication or insulin as normal.

EXERCISE STRESS TEST

- Bring all medications.
- Patients to wear running shoes.
- Try to avoid caffeine before test.
- Patients may have a light breakfast before test.