

Patient Information

Physician Information

First Name		Last Name		Name		Address	
Home Phone		Cell Phone		Phone		Fax	
		M F		DD / MM / YYYY		DD / MM / YYYY	
OHIP #		Version Code		Sex		Date of Birth	
				Date			

Appointment Date/Time

DD / MM / YYYY		Please see Patient Instructions on back	
Appointment Date		Appointment Time	
24-hour notice required to cancel appointment or \$75 charge will be billed to patient.			

ULTRASOUND (By Appointment)

GENERAL

- ☐ Abdomen
- ☐ Pelvis-transvaginal
- ☐ Pelvis – transabdominal
- ☐ Renal
- ☐ Bladder
- ☐ PVR-Post Void Residual
- ☐ Transrectal Prostate
- ☐ AAA Screening
- ☐ Abdominal Wall / Hernia
- ☐ Inguinal Canal
- ☐ Scrotum
- ☐ Thyroid and Neck

FEMALE PELVIS

- ☐ Pelvis - transvaginal
- ☐ Pelvis – transabdominal

MALE PELVIS

- ☐ Pelvis – transabdominal bladder and prostate
- ☐ Prostate - transrectal

MUSCULOSKELETAL

- B = Bilateral B R L
- Shoulder ☐ ☐ ☐
 - Elbow ☐ ☐ ☐
 - Wrist ☐ ☐ ☐
 - Hand ☐ ☐ ☐
 - Knee ☐ ☐ ☐
 - Popliteal Fossa ☐ ☐ ☐
 - Achilles Tendon ☐ ☐ ☐
 - Ankle ☐ ☐ ☐
 - Foot ☐ ☐ ☐
 - Plantar Fascia ☐ ☐ ☐
 - Lumps & Bumps ☐ ☐ ☐
 - Hip ☐ ☐ ☐

OBSTETRICS

LMP: DD / MM / YYYY

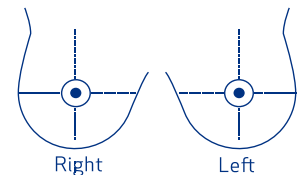
- ☐ OB – Under 16 weeks
- ☐ OB – 18-20 weeks
- ☐ OB – Fetal Growth
- ☐ OB – High Risk
- ☐ Biophysical Profile (BPP)
- ☐ Nuchal Translucency- EFTS (11-14 weeks)

VASCULAR

- ☐ Peripheral Venous Legs-DVT
 - ☐ R ☐ L ☐ Bilateral
- ☐ Carotid Arteries
- ☐ Aorta

BREAST ULTRASOUND

- ☐ R ☐ L ☐ Bilateral



☐ Other: _____

MRI and CT (By Appointment)

Please complete the dedicated GNMI MRI & CT requisition form and fax to 905-568-0941.

Patient will be directly contacted to schedule an appointment.

Please contact us or visit website to obtain requisition forms.

CLINICAL HISTORY REQUESTED

☐ WSIB

☐ STAT

Doctor's Signature _____ Copy To: _____

OTHER LOCATIONS:

Hamilton (905) 560-8343	St. Catharines (905) 684-6388	Welland (905) 735-2929
Ajax (905) 426-8976	Toronto (416) 640-1103	Niagara Falls (905) 356-6101
		Stratford (519) 273-1721

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.ca/en/public/programs/ihf/facilities.aspx>

INSTRUCTIONS TO PATIENT:

1. Please bring your health card and this paper with you to your appointment.
2. Please arrive 15 minutes early to register.
3. Please refer to the exam preparations below.

Preparation & Instructions These instructions are *IMPORTANT*. Please follow them. GNMI is a scent free environment

Ultrasound Preparation and Instructions

ABDOMEN

No eating or drinking (smoking or chewing gum) 4 hours prior to the appointment.

ABDOMEN/PELVIS

No eating 4 hours prior to the appointment.

START drinking 5 cups of water (40 oz. or 1.25 litres) 2 hours before your examination.

FINISH drinking at least 1 hour prior to your examination.

DO NOT empty your bladder before your examination.

Note: If your bladder is not full YOUR APPOINTMENT MAY HAVE TO BE RESCHEDULED

OBSTETRICAL/PELVIS

A full bladder is necessary for a thorough examination of the pelvis and pregnant uterus.

START drinking 5 cups of water (40 oz. or 1.25 litres) or other fluid 2 hours before your examination.

FINISH drinking at least 1 hour prior to your examination.

DO NOT empty your bladder before your examination.

Note: If your bladder is not full YOUR APPOINTMENT MAY HAVE TO BE RESCHEDULED

PROSTATE (TRANSRECTAL)

FLEET ENEMA 2 hours before examination (kit may be purchased at your pharmacy)

Drink 34 oz. or 1 Litre of water 1 hour prior to appointment.

Do not go to the washroom.

Mississauga

10 Kingsbridge Garden Circle
Mississauga, ON L5R 3K6
Phone: 905-568-3768 • Fax: 905-568-0941

Ajax

300 Harwood Avenue South
Ajax, ON L1S 2J1
Phone: 905-426-8976 • Fax: 905-426-5234

Hamilton - Stoney Creek

260 Nebo Road, Unit #5
Hamilton, ON L8W 3K5
Phone: 905-318-4082 • Fax: 905-318-9747

631 Queenston Road, Unit #105
Hamilton, ON L8K 6R5
Phone: 905-560-8434 • Fax: 905-667-3093

Toronto

491 Eglinton Avenue West, Unit #302
Toronto, ON M5N 1A8
Phone: 416-640-1103 • Fax: 416-640-1106

St. Catharines

464 Welland Avenue
St. Catharines, ON L2M 5V4
Phone: 905-684-6388 • Fax: 905-684-6389

245 Pelham Road, Unit #213
St. Catharines, ON L2S 1X8
Phone: 905-685-0132 • Fax: 905-685-4547

120 Welland Avenue
St. Catharines, ON L2R 2N3
Phone: 905-682-8629 • Fax: 905-682-9079

Niagara Falls

5400 Portage Road, Unit #B2
Niagara Falls, ON L2G 5X7
Phone: 905-356-6101 • Fax: 905-356-9937

7885 McLeod Road, Unit #114
Niagara Falls, ON L2H 0G5
Phone: 905-354-8448 • Fax: 905-354-4664

Welland

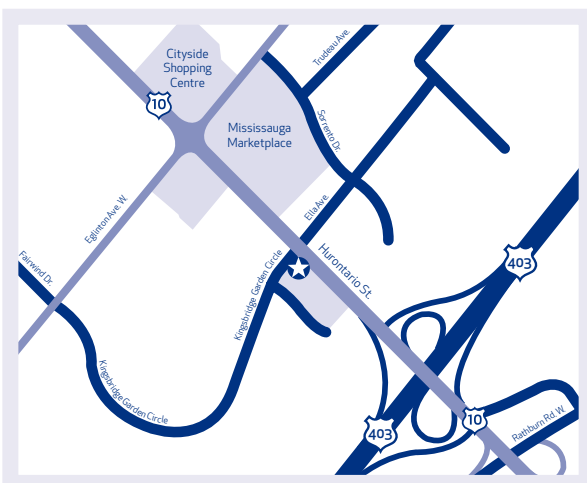
555 Prince Charles Drive North, Unit #114
Welland, ON L3C 6B5
Phone: 905-735-2929 • Fax: 905-735-2969

Stratford

444 Douro Street, Suite 102
Stratford, ON N5A 0E6
Phone: 519-273-1721 • Fax: 519-273-1928

GNMI
MEDICAL IMAGING

MISSISSAUGA
ULTRASOUND



The Emerald Centre
10 Kingsbridge Garden Circle
Phone: 905-568-3768
Fax: 905-568-0941

FREE PARKING