ONSITE MEDICAL IMAGING

Tel: 519-601-3007 | Fax: 519-601-3009
Toll Free Tel: 1-877-275-9950 | Fax: 1-888-250-3235
North Lambton Community Health Centre
59 King Street West, Unit 3, Forest, ON N0N 1J0I
Email: info@onsitemedimaging.ca

PATIENT INFORMATION (Patient label can be placed below)

Last Name: _____ First Name: _____ Sex: ☐M ☐F

Tel: _____ Address: _____ Date: _____

Health Card Number | Version | Date of Birth

Appointment Date & Time

ULTRASOUND (Operated by Ontario Mobile Imaging)

GENERAL

- ☐ Abdomen
- ☐ Limited Abdomen
  _____
- ☐ Abdomen & Female Pelvis
- ☐ Female Pelvis (Excluding Transvaginal)
- ☐ Male Pelvis (Prostate)
  ☐ Transabdomen
- ☐ Kidneys & Bladder (pre / post void bladder vol.)
- ☐ Hernia - Side _____

SMALL PARTS

- ☐ Thyroid
- ☐ Neck
- ☐ Sub Mandibular Glands
- ☐ Parotid Glands
- ☐ Testes / Scrotum
- ☐ Groin ☐R ☐L ☐Both
- ☐ Soft Tissue / Lump
- ☐ Axilla ☐R ☐L ☐Both
- ☐ Others_____

BREAST ULTRASOUND

- ☐ Right
- ☐ Left
- ☐ Both

MUSCULOSKELETAL

- ☐ Shoulder ☐R ☐L ☐Both
- ☐ Arm ☐R ☐L ☐Both
- ☐ Elbow ☐R ☐L ☐Both
- ☐ Forearm ☐R ☐L ☐Both
- ☐ Wrist & Hands ☐R ☐L ☐Both
- ☐ Hip joint ☐R ☐L ☐Both
- ☐ Lumbar sacral ☐R ☐L ☐Both
- ☐ Cervical Region ☐R ☐L ☐Both
- ☐ Thoracic Region ☐R ☐L ☐Both
- ☐ Thigh ☐R ☐L ☐Both
- ☐ Knee ☐R ☐L ☐Both (including Popliteal Fossa)
- ☐ Calf ☐R ☐L ☐Both
- ☐ Foot\Ankle ☐R ☐L ☐Both
- ☐ Achilles Tendon ☐R ☐L ☐Both
- ☐ Others_____

VASCULAR

(By Appointment)

- ☐ Carotid Doppler
- ☐R ☐L ☐Both Upper Limb Arterial Dop
- ☐R ☐L ☐Both Lower Limb Arterial Dop + ABI
- ☐R ☐L ☐Both Upper Limb Venous Dop
- ☐R ☐L ☐Both Lower Limb Venous Dop
- ☐R ☐L ☐Both Lower Limb Venous Insufficiency
- ☐ Aorta

CLINICAL INFORMATION REQUIRED: _____

REFERRING PHYSICIAN

MD: _____ _____
Please Print Name | Signature

Billing# _____ CC: _____
Please Print Name & Provide Fax No.

DR'S OFFICE STAMP

☐ **REQUEST FOR STAT CASE / URGENT**

Tel: _____

Fax: _____

Note : This requisition form can be taken to any licensed facility providing healthcare services including hospital and IHFs, such as those listed on the IHF Program website:http://www.health.gov.on.ca/en/public/programs/ihf/facilities.aspx.

Map & Preparation on reverse

APPOINTMENT

Date : _____ **Time :** _____

ULTRASOUND PREPARATION

☐ **PREGNANCY 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 litre) 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 Litre) 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 8:30and finish drinking by 9:00) **Do not go to the washroom.**

☐ TRANSRECTAL

On the day of the test, you may eat as usual. Take any medication (pills) that you normally take. Ninety minutes before your test time, go to the washroom and empty your bladder.
Preparation for this test also involves using one (1) DULCOLAX SUPPOSITORY 2 hours before your appointment time. A Dulcolax suppository is an over-the-counter medication that is available at most pharmacies. It is inserted rectally. This medication should cause you to have a bowel movement, usually within 15-30 minutes. You do not need a laxative. Now, drink 5 LARGE GLASSES (40 ounces, 1.3 litres) OF WATER over the next thirty minutes. You MUST finish the water ONE FULL HOUR BEFORE your appointment time. DO NOT GO TO THE WASHROOM until after the ultrasound.

- Please bring the results of your PSA test if you have them.

A NOTE ABOUT PSA TESTS: A PSA test is a blood test to determine the level of prostate specific antigens in your blood. This test must NOT be done within a week of either a digital (finger) exam by your doctor or a transrectal ultrasound.

- Please be sure to have the blood test before your ultrasound or at least a week after the exam.

NO PREPARATION NECESSARY

☐ **NECK, THYROID, SCROTUM, BREAST, MUSCULOSKELETAL, SUPERFICIAL MASSES.**

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PLEASE BRING THIS REQUISITION AND YOUR VALID HEALTH CARD - All Cancellations must be made 24 Hours in Advance