

This requisition form can be taken to any licensed facility providing healthcare services including hospitals and IHFs.

Name: _____

Date of Birth: _____ ☐ M ☐ F ☐ Other

Address: _____

Health Card/Version Code: _____

Phone: (day) _____ (eve.) _____

Your Appointment: _____ at _____

Please make necessary childcare arrangements during your exam; Children will not be allowed in the exam room

GENERAL AND OBSTETRIC ULTRASOUND APPOINTMENT REQUIRED

GENERAL ULTRASOUND:

- ☐ Abdomen ☐ Ltd. Abdomen
☐ Abdomen Wall (mass/hernia)
☐ Female Pelvis
☐ Transvaginal
☐ Male Pelvis (suprapubic only)
☐ Renal (kidneys)
☐ Other: _____

BILAT L R

- ☐ ☐ ☐ Breast
☐ ☐ ☐ Groin for Hernia
☐ Thyroid
☐ Neck for LNs or other mass
☐ Salivary Glands
☐ Scrotum
☐ Chest Wall

OBSTETRIC:

- ☐ 1st Trimester Dating
☐ eFTS 12w-13w6d (blood work)
☐ Nuchal Translucency 12w-13w6d
☐ Anatomic Survey (20-22 wks)
_____ Previous c-sections
☐ BPP & Fetal Growth
☐ Fetal position
☐ Biophysical Profile
☐ Other: _____

CARDIOLOGY CONSULTATION APPOINTMENT REQUIRED

- ☐ Dr. _____
☐ Consult if Test Result is Positive/Abnormal

CARDIOLOGY APPOINTMENT REQUIRED

- ☐ Echocardiogram
☐ Electrocardiogram (ECG)
☐ Exercise Stress Test
☐ Holter Monitoring ☐ 24 hrs ☐ 48 hrs ☐ 72 hrs ☐ Other: _____

CARDIAC NUCLEAR IMAGING APPOINTMENT REQUIRED

- ☐ Exercise perfusion imaging (sestamibi)
☐ Persantine perfusion imaging (sestamibi)
☐ Resting radionuclide ventriculogram (MUGA)
☐ Thallium, rest and redistribution (for viability)

BONE MINERAL DENSITY APPOINTMENT REQUIRED

**Patient weight restriction <300lbs*

- ☐ Baseline (First BMD in Ontario)
☐ Low Risk (Once every 60 months)
☐ High Risk (Once every 12 months)

X-RAY NO APPOINTMENT REQUIRED

- ☐ Site: _____

VASCULAR ULTRASOUND APPOINTMENT REQUIRED

- ☐ Bi-Lateral Carotid Doppler
☐ Renal Arterial Doppler
☐ ABI Only

BILAT L R

- ☐ ☐ ☐ Venous Doppler Lower Extremities
☐ ☐ ☐ Venous Doppler Upper Extremities
☐ ☐ ☐ Arterial Doppler Lower Extremities
☐ ☐ ☐ Arterial Doppler Upper Extremities

MUSCULOSKELETAL ULTRASOUND APPOINTMENT REQUIRED

BILAT L R

- ☐ ☐ ☐ Shoulder
☐ ☐ ☐ Elbow
☐ ☐ ☐ Wrist and Hand
☐ ☐ ☐ Carpal Tunnel
☐ ☐ ☐ Hamstring

BILAT L R

- ☐ ☐ ☐ Calves
☐ ☐ ☐ Achilles' Tendon
☐ ☐ ☐ Foot
☐ ☐ ☐ Ankle
☐ ☐ ☐ Plantar Fascia

BILAT L R

- ☐ ☐ ☐ Hip
☐ ☐ ☐ Thigh
☐ ☐ ☐ Back
☐ ☐ ☐ Groin
☐ ☐ ☐ Knee

BREAST IMAGING APPOINTMENT REQUIRED

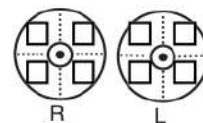
do not use deodorant, powders or cream on the breasts or underarms on the day of your exam

MAMMOGRAM

- ☐ Screening ☐ Papable Mass
☐ Other: _____ ☐ Implants

BILAT L R

- ☐ ☐ ☐ Breast Ultrasound



CLINICAL INFO: _____

REF. MD.: _____

Physician Signature: _____

Billing: _____

CC: _____

Date: _____

PREPARATION FOR CARDIAC AND GENERAL NUCLEAR MEDICINE TESTS

**PLEASE DO NOT FORGET TO BRING YOUR
HEALTH CARD AND A LIST OF ALL MEDICATIONS
TO EACH APPOINTMENT**

Persantine Perfusion (Sestamibi) *Two Day Test*

- Please bring medications or list of medications on Day 1
- Light breakfast on Day 1 and day 2 but **No caffeine** (tea, coffee, cola, chocolate) for 24 hours prior to Day 2 including decaffeinated tea/coffee & Tylenol #3

Exercise Perfusion (Sestamibi) *Two Day Test*

- Please bring medications or list of medications on Day 1
- Light breakfast on Day 1 and day 2 but **No caffeine** (tea, coffee, cola, chocolate) for 24 hours prior to Day 2 including decaffeinated tea/coffee & Tylenol #3
- Be prepared to Exercise (walk or run) on the treadmill - wear a T-Shirt, shorts or sweatpants and running shoes.
- **If permitted by your doctor**, the following medications should be stopped prior to your test (only if you are having an exercise test):
 - metoprolol (Lopressor)
 - acebutolol (Monitan; Sectral)
 - diltiazem (Cardizem; Tiazac)
 - carvedilol (Coreg)
 - bisoprolol (Monacor)
 - sildenafil (Viagra)
 - vardenafil (Levitra)

**STOP FOR 24 HOURS
BEFORE THE TEST IF
PERMITTED BY YOUR
DOCTOR**

- atenolol (Tenormin)
- nadolol (Corgard)

**STOP FOR 48 HOURS BEFORE THE
TEST IF PERMITTED BY YOUR DOCTOR**

- tadalafil (Cialis)

**STOP FOR 72 HOURS
BEFORE THE TEST**

**THE ABOVE MEDICATIONS
MAY BE RESUMED AFTER THE TEST**

**PLEASE BRING RESULTS OF OTHER RECENT TESTS, IF
DONE ELSEWHERE AND AVAILABLE.**

Biliary Scan

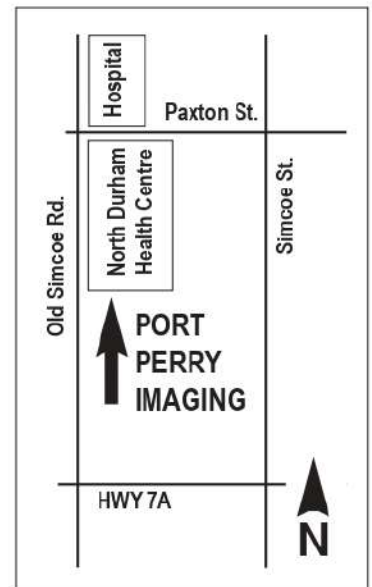
- Nothing to eat or drink for 4 hours prior to the scan

Thyroid Uptake and Scan

- If permitted by your doctor, stop Thyroxine 5 weeks before your test and stop Cytomel 3 weeks before your test
- No intravenous contrast material (CT, IVP or angiogram, and no seaweed (sushi)) for 5 weeks prior to your test
- Nothing to eat or drink for 4 hours prior to the scan.

Diabetics:

- If on oral medication, don't eat breakfast or take your diabetes medication the morning of the test. After the test, you may eat and take your medication
- If on Insulin, on the morning of the test, take half the normal dose and eat a light breakfast



DURATION OF TESTS

TEST

Myocardial Perfusion Imaging (Sestamibi)
Bone Scan
Thyroid Scan
All Other Nuclear Scans
Ultrasound, Doppler and Echo
Bone Mineral Densitometry

APPROXIMATE DURATION

1.5 hours in am day one and 1.5 hours in am day two
10 minutes, then 1 hour following a 2-3 hour delay
15 minutes day one and 1 hour day two
1 hour on a single day (some require up to a 4 hour delay after injection)
40 minutes
20 minutes - do not take clacium pill morning of exam

Our priority is You