ONTARIO IMAGING Diagnostics

A WELL Health Company

ontario breast screening program
a cancer care ontario program

WHEELCHAIR ACCESIBLE

- FEMALE TECHNOLOGISTS AVAILABLE
- RADIOLOGISTS AVAILABLE EVERYDAY
- SUNDAY OPEN (AT SOME LOCATIONS)

CLINIC HOURS

For updated timings, please scan the QR code or go to **www.ontid.ca**

Name	D.O.B.	Sex ☐ M ☐ F	Health No. & V.C
Address & Tel. No.			Phone Number

BREAST IMAGING (BY APPOINTMENT ONLY)

- ☐ MAMMOGRAPHY ☐ Left ☐ Right ☐ Bilateral
- ☐ IMPLANTS ☐ Left ☐ Right ☐ Bilateral
- ☐ BREAST ULTRASOUND ☐ Left ☐ Right ☐ Bilateral

Appointment

Date & Time

BONE DENSITY (NO APPOINTMENT REQUIRED)

- ☐ Baseline
- ☐ Low Risk - 5 yr
- ☐ 3 yr - First follow up
- ☐ High Risk - 1 yr

CARDIOLOGY (BY APPOINTMENT ONLY)

- ☐ Echocardiography (2D & Colour Doppler)

Holter Monitoring

- ☐ 48 HRS.
- ☐ 72 HRS.
- ☐ 14 Days

BARIUM STUDIES (BY APPOINTMENT ONLY)

- ☐ Barium Swallow
- ☐ UGI
- ☐ G.I. + Small Bowel

- ☐ STAT
- ☐ CD

X-RAY (NO APPOINTMENT REQUIRED)

ABDOMEN
- ☐ Single view (KUB)
- ☐ Acute (includes Chest PA)

HEAD & NECK
- ☐ Skull
- ☐ Sinuses - Non-OHIP
- ☐ Soft Tissue of Neck
- ☐ Nasal Bones
- ☐ Facial Bones
- ☐ Mandible
- ☐ T.M. Joints
- ☐ Orbits
- ☐ Adenoids

CHEST
- ☐ Chest (PA & LAT)
- ☐ Ribs ☐ L ☐ R ☐ B (Includes Chest PA)
- ☐ Sternum
- ☐ S.C. Joints

SPINE & PELVIS
- ☐ Cervical Spine
- ☐ Thoracic Spine
- ☐ Lumbo-Sacral Spine
- ☐ L/S Spine, Pelvis & S.I. Joints
- ☐ Sacrum & Coccyx
- ☐ S.I. Joints
- ☐ AP Pelvis
- ☐ Pelvis & Hip ☐ L ☐ R ☐ B

UPPER EXTREMITIES
- ☐ L ☐ R Shoulder
- ☐ L ☐ R Clavicle
- ☐ B A.C. Joints
- ☐ L ☐ R Scapula
- ☐ L ☐ R Humerus
- ☐ L ☐ R Elbow
- ☐ L ☐ R Forearm
- ☐ L ☐ R Wrist
- ☐ L ☐ R Scaphoid
- ☐ L ☐ R Hand
- ☐ L ☐ R Finger Nº 1 2 3 4 5

LOWER EXTREMITIES
- ☐ L ☐ R Femur
- ☐ L ☐ R Knee
- ☐ L ☐ R Tib & Fib
- ☐ L ☐ R Ankle
- ☐ L ☐ R Foot
- ☐ L ☐ R Calcaneus
- ☐ L ☐ R Toes - Nº 1 2 3 4 5

SKELETAL SURVEY
- ☐ Metastatic Series
- ☐ Arthritic Series
- ☐ Bone Age
- ☐ Scoliosis Series

ULTRASOUND EXAMINATION (BY APPOINTMENT ONLY)

GENERAL
- ☐ Abdomen
- ☐ Elastography/Liver Fibro Scan Non - OHIP
- ☐ Abdominal Wall
- ☐ Renal + Bladder
- ☐ Abdomen & Pelvis (includes transvaginal unless contraindicated)
- ☐ Female Pelvis (includes transvaginal unless contraindicated)
- ☐ Male Pelvis
- ☐ Prostate - Transrectal
- ☐ Testicular / Scrotum (including groin)
- ☐ Groin ☐ L ☐ R
- ☐ Inguinal / Hernia ☐ L ☐ R

NECK
- ☐ Thyroid ☐ Neck

OBSTETRICAL
- ☐ OB Dating (<16wks)
- ☐ IPS/EFTS (NT) (11-13 wks, 6 days)
- ☐ OB Anatomy Scan (18-20wks)
- ☐ Biophysical Profile (> 30wks)
- ☐ OB High Risk
- ☐ OB Follow Up

MUSCULOSKELETAL
- ☐ L ☐ R ☐ B Hip
- ☐ L ☐ R ☐ B Hamstring
- ☐ L ☐ R ☐ B Knee
- ☐ L ☐ R ☐ B Achilles Tendon
- ☐ L ☐ R ☐ B Ankle
- ☐ L ☐ R ☐ B Foot
- ☐ L ☐ R ☐ B Plantar Fascia
- ☐ L ☐ R ☐ B Shoulder
- ☐ L ☐ R ☐ B Elbow
- ☐ L ☐ R ☐ B Wrist
- ☐ L ☐ R ☐ B Soft Tissue / Muscle
- ☐ Chest Wall / Back

Other: _____

VASCULAR ULTRASOUND (BY APPOINTMENT ONLY)

- ☐ Carotid
- ☐ Abdomen Portal Venous Doppler
- ☐ Aorta + Iliac Arteries
- ☐ Renal Vascular
- ☐ Temporal Arteries
- ☐ Thoracic Outlet Syndrome ☐ L ☐ R ☐ B
- ☐ Arterial Extremity ☐ LEG ☐ R ☐ B ☐ ARM ☐ R ☐ B
- ☐ Venous Extremity ☐ LEG ☐ R ☐ B ☐ ARM ☐ R ☐ B

IN ORDER TO BOOK APPOINTMENT ONLINE VISIT US AT www.ontid.ca

I DECLARE THAT I AM NOT CURRENTLY PREGNANT

_____
SIGNATURE

CLINICAL INFORMATION REQUIRED:

MD: _____
Please Print Name & Si gn

CC: _____
Please Print Name & Provide Fax No.

DR's OFFICE STAMP

PLEASE BRING YOUR HEALTH CARD & THIS REQUEST FORM

This requisition form can be taken to any licensed facility providing healthcare services including hospitals and ICHSC, such as those on the ICHSC, Program website

Scarborough Lawrence Cardiology

Ph: **416-431-5885**

3000 Lawrence Ave. E, Suite C-02, Building C, Scarborough, ON M1P 2V1
Fax No.: 416-438-6008

• VASCULAR ULTRASOUND • CARDIOLOGY

Toronto Danforth

Ph: **416-691-5071**

2494 Danforth Ave, Suite 3A, Toronto, ON M4C 1K9
Fax : 416-691-3349

• X-RAY • ULTRASOUND • MAMMOGRAM

Markham

Ph: **905-294-4880**

6633 Highway 7 East, Suite 005, Markham, ON L3P 7P2
Fax : 905-472-6629

• X-RAY • ULTRASOUND • BMD • VASCULAR

Scarborough Markham Rd.

Ph: **416-439-4866**

1200 Markham Road, Suite 112, Scarborough, ON M1H 3C3
Fax : 416-439-5776

• X-RAY • ULTRASOUND • BMD • FLUOROSCOPY

Scarborough Ellesmere

Ph: **416-759-3462**

520 Ellesmere Road, Suite B15, Lower Level Scarborough, ON M1R 4E6
Fax : 416-759-9237

• X-RAY • ULTRASOUND • BMD • MAMMOGRAM

North York Wynford

Ph: **416-443-2626**

20 Wynford Drive, Suite 312, North York ON, M3C 1J4
Fax : 416-443-2611

• X-RAY • ULTRASOUND

Scarborough Lawrence Imaging

Ph: **416-438-6636**

3000 Lawrence Ave. E, Suite C-02, Building C Scarborough, ON M1P 2V1
Fax : 416-438-6008

• X-RAY • ULTRASOUND • VASCULAR • MAMMOGRAM

• X-RAY • MAMMOGRAPHY • GENERAL ULTRASOUND • CARDIOLOGY • BMD • VASCULAR ULTRASOUND • FLUOROSCOPY

Call at least 24 hours before to Cancel/Reschedule appointment

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Fax : 416-443-2611

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Suite C-02, Building C
Scarborough, M1P 2V1
Fax : 416-438-6008

• X-RAY • ULTRASOUND
• VASCULAR • MAMMOGRAM

MAMMOGRAPHY PREPARATIONS

No deodorant, powder, lotion, or perfume on the upper part of the body

ULTRASOUND PREPARATIONS

ABDOMEN ULTRASOUND
- EAT A FAT FREE DINNER THE NIGHT BEFORE YOUR APPOINTMENT
- NO DAIRY PRODUCTS OR FRIED FOODS
- NO CARBONATED DRINKS 12 HOURS BEFORE YOUR APPOINTMENT
- NOTHING TO EAT OR DRINK AFTER MIDNIGHT THE NIGHT BEFORE
- DO NOT EAT BREAKFAST

PELVIS ULTRASOUND (ALL TYPES)
- DRINK 4-5 GLASSES OF WATER OR CLEAR FLUID (WATER, JUICE, BLACK COFFEE OR BLACK TEA) **TO BE FINISHED ONE HOUR BEFORE** YOUR APPOINTMENT TIME
- DO NOT VOID – A FULL BLADDER IS NECESSARY FOR THE EXAMINATION
- NO FASTING NECESSARY

ABDOMEN AND PELVIS ULTRASOUND TOGETHER
- EAT A FAT FREE DINNER THE NIGHT BEFORE YOUR APPOINTMENT
- NO DAIRY PRODUCTS OR FRIED FOODS
- NOTHING TO EAT AFTER MIDNIGHT THE NIGHT BEFORE
- DRINK 4-5 GLASSES OF WATER **TO BE FINISHED ONE HOUR BEFORE** YOUR APPOINTMENT TIME
- DO NOT VOID – A FULL BLADDER IS NECESSARY FOR THE EXAMINATION

NO PREPARATION IS REQUIRED FOR FOLLOWING
- SCROTAL/TESTICULAR ULTRASOUND
- THYROID ULTRASOUND
- MUSCULOSKELETAL ULTRASOUND (ANY TYPE)

OBSTETRICAL ULTRASOUND
- FOR LESS THAN 12 WEEKS DRINK 4-5 GLASSES OF WATER OR CLEAR FLUID (WATER, JUICE, BLACK COFFEE OR BLACK TEA) **TO BE FINISHED ONE HOUR BEFORE** YOUR APPOINTMENT TIME. YOU MUST EAT BREAKFAST/ LUNCH.
- FOR 12-18 WEEKS/ FOR OVER 18 WEEKS DRINK 2 GLASSES (OR 1 SMALL BOTTLE) OF CLEAR FLUID (WATER, JUICE, BLACK COFFEE OR BLACK TEA) **TO BE FINISHED ONE HOUR BEFORE** YOUR APPOINTMENT TIME. YOU MUST EAT BREAKFAST/ LUNCH.

NUCHAL TRANSLUCENCY - IPS
- DRINK 3 GLASSES OF WATER OR CLEAR FLUID (WATER, JUICE, BLACK COFFEE OR BLACK TEA) **TO BE FINISHED ONE HOUR BEFORE** YOUR APPOINTMENT TIME.
- YOU MUST BRING ALL THE PAPERS FROM YOUR DOCTOR (BLOOD WORK REQUISITION, I.P.S. SCREENING PAPER, ETC.) WITH YOU FOR YOUR APPOINTMENT

PROSTATE-TRANSRECTAL ULTRASOUND
- PURCHASE A **FLEET ENEMA** FROM THE PHARMACY AND FOLLOW THE INSTRUCTIONS IN THE PACKAGE
- SELF ADMINISTER THE ENEMA 2 HOURS BEFORE YOUR APPOINTMENT TIME
- DRINK 4-5 GLASSES OF WATER OR CLEAR FLUID (WATER, JUICE, BLACK COFFEE OR BLACK TEA) **TO BE FINISHED ONE HOUR BEFORE** YOUR APPOINTMENT TIME.
- DO NOT VOID – A FULL BLADDER IS NECESSARY FOR THE EXAMINATION

ALL BARIUM STUDIES
- NOTHING TO EAT OR DRINK 12 HOURS PRIOR TO THE TEST

GENERAL INSTRUCTIONS
1. Please advise us if you are diabetic
2. Come to your appointment with an interpreter, if required
3. Young children must be accompanied by an adult

Visit our web site – **www.ontid.ca** - for more information

OHIP REQUIRES THAT YOU BRING YOUR CURRENT HEALTH CARD AND THIS REQUISITION, SIGNED BY YOUR PHYSICIAN



