FULLY DIGITALIZED FACILITY

Elgin Imaging Services

230 First Avenue Suite # 204
St. Thomas, ON N5R 4P5
Tel: 519-631-6437
Fax: 519-631-9991
www.elginimaging.com

PATIENT INFORMATION

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

Tel : _____ Address : _____ Date : _____

Health Card Number	Version	Date of Birth (YY MM DD)

REQUEST FOR STAT CASE

Verbal/Tel : _____ Fax : _____ ☐ WSIB

CLINICAL INFORMATION

_____

_____ Date LMP : _____

ULTRASOUND By Appointment Only

GENERAL

- ☐ Abdomen
- ☐ Limited Abdomen
- ☐ Abdomen / Male Pelvis
- ☐ Abdomen / Female Pelvis
- ☐ Female Pelvis / Transvaginal
- ☐ Female Pelvis
- ☐ Transvaginal
- ☐ Male Pelvis
- ☐ Transrectal
- ☐ KUB (only Kidneys & Bladder)

OBSTETRICAL

- ☐ Early OBS / Dating (<16 wks)
- ☐ IPS / NT (11-13 wks)
- ☐ Anatomical Scan (18-20 wks)
- ☐ 2ND / 3RD Trimester
- ☐ High Risk Pregnancy
- ☐ Biophsical Profile (BPP)

SMALL PARTS

- ☐ Thyroid
- ☐ Neck
- ☐ Sub Mandibular Glands
- ☐ Parotid Glands
- ☐ Testes / Scrotum
- ☐ Groin
- ☐ Hernia - Side _____
- ☐ Soft Tissue / Lump
- ☐ 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
☐ Popliteal Fossa	☐ R	☐ L	☐ Both
☐ Calf	☐ R	☐ L	☐ Both
☐ Foot\Ankle	☐ R	☐ L	☐ Both
☐ Achilles Tendon	☐ R	☐ L	☐ Both
☐ Plantar Fascia	☐ R	☐ L	☐ Both
☐ Gluteal Region	☐ R	☐ L	☐ Both

BONE DENSITY

(By Appointment)

- ☐ *1st Baseline BMD*
- ☐ *Low Risk (2nd test - 36 months)*
- ☐ *Low Risk (3rd test - 60 months)*
- ☐ *High Risk (once every 12 months)*

Previous Scan ☐ *Yes* ☐ *No*

Date : _____

Location : _____

_____

_____

_____

X-RAY

Before ordering X-Rays, make sure female patients are not pregnant.

CHEST

- ☐ P.A. & Lateral
- ☐ Chest P.A.
- ☐ Ribs ☐ R ☐ L
- ☐ Sternum

HEAD & NECK

- ☐ Skull
- ☐ Sella Turcica
- ☐ Facial Bones
- ☐ Nose
- ☐ Mandible
- ☐ TM Joints
- ☐ Sinuses (Not covered by OHIP)
- ☐ Mastoids
- ☐ Neck, Soft Tissue
- ☐ Pre MRI Orbits

ABDOMEN

- ☐ Single View
- ☐ Two or More Views

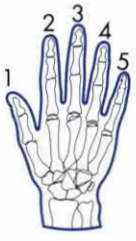
SPINE AND PELVIS

- ☐ Cervical Spine
- ☐ Thoracic Spine
- ☐ Lumbosacral Spine
- ☐ Sacrum & Coccyx
- ☐ Scoliosis Series
- ☐ Pelvis
- ☐ Sacro-Iliac Joints

☐ Other _____

UPPER EXTREMITIES

☐ Clavicle	☐ R	☐ L
☐ A-C Joints	☐ R	☐ L
☐ S-C Joints	☐ R	☐ L
☐ Shoulder	☐ R	☐ L
☐ Scapula	☐ R	☐ L
☐ Humerus	☐ R	☐ L
☐ Elbow	☐ R	☐ L
☐ Forearm	☐ R	☐ L
☐ Wrist	☐ R	☐ L
☐ Scaphoid	☐ R	☐ L
☐ Hand	☐ R	☐ L
☐ Wrist & Hand	☐ R	☐ L
☐ Finger 1 2 3 4 5	☐ R	☐ L



LOWER EXTREMITIES

☐ Hip	☐ R	☐ L
☐ Femur	☐ R	☐ L
☐ Knee	☐ R	☐ L
☐ Tibia & Fibula	☐ R	☐ L
☐ Ankle	☐ R	☐ L
☐ Calcaneus	☐ R	☐ L
☐ Foot	☐ R	☐ L
☐ Toe 1 2 3 4 5	☐ R	☐ L



PREGNANCY RELEASE FORMS

I declare, to the best of my knowledge that Im not presently pregnant.

Signature _____

Referring Physician : _____ **CC :** _____

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.**

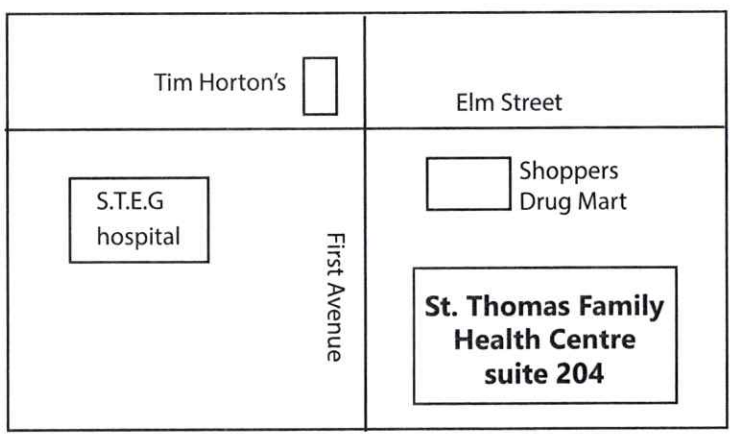
BONE DENSITY

Please wear two piece outfit with no metal or zippers.

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