

**Patient Information**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Date of Birth MM / DD / YYYY M  F

Home Phone \_\_\_\_\_ Other Phone \_\_\_\_\_ OHIP \_\_\_\_\_ Version Code \_\_\_\_\_

**Appointment Date/Time**

Appointment Date MM / DD / YYYY Appointment Time \_\_\_\_\_

**X-Ray (no appointment)**

**ABDOMEN**

Single / KUB / Constipation  
 Acute (includes PA chest)

**HEAD & NECK**


Nasopharynx/soft tissue neck  
 Skull  
 Sinuses  
 Facial Bones  
 Nasal Bones  
 Mandible  
 Orbits (foreign body)

**CHEST**

Chest PA & LAT  
 Ribs:  R  L  B  
(includes PA chest)  
 Sterno-Clavicular Jts  
 Sternum  
 Other \_\_\_\_\_


**LOWER EXTREMITIES**

R L  
 Hip  
 Femur  
 Knee  
 Tib. & Fib.  
 Ankle  
 Foot  
 Heel  
 Toe: 1 2 3 4 5



**UPPER EXTREMITIES**

R L  
 Elbow  
 Forearm  
 Shoulder  
 Humerus  
 Clavicle  
 A.C. Joints  
 Scapula  
 Wrist  
 Scaphoid  
 Hand  
 Finger: 1 2 3 4 5



**SPINE & PELVIC**

Cervical Spine  
 Dorsal Spine  
 Lumbar Spine  
 Scoliosis

Sacrum / Coccyx  
 Pelvis  
 SI Joints

**Ultrasound (by appointment)**

**GENERAL**

Abdomen  
 Abdomen Wall  
 Urinary Tract  
 Female Pelvis  
 Transvaginal  
 Male Pelvis  
 Transrectal  
 Inguinal Canal  R  L  
 Others

**SMALL PARTS**

Thyroid  
 Sub Mandibular Glands  
 Parotid Glands  
 Testes/Scrotum  
 Groin / Inguinal Canal  
 Penile  
 Soft Tissue/Lump (location)

**OBSTRETICAL**

OBS (below 16 weeks)  
 OBS (above 16 weeks)  
 OBS (high risk/problem)  
 OBS (Multiple Gestation)  
 Nuchal Translucency

**MUSCULOSKELETAL**

R L  
 Shoulders  
 Arms  
 Elbows  
 Forearms  
 Wrist & Hands  
 Hip Joint / Greater Trochanter  
 Thigh / Hamstrings  
 Knee / Pop Fossa  
 Leg / Calf  
 Ankle  
 Achilles Tendon / Plantar Fascia  
 Upper / Mid / Lower Back Foot  
 Plantar Fascia  
 Other Muscle Area \_\_\_\_\_

**VASCULAR**

Carotids  
 Abdominal Aorta  
 Arterial Lower Limb  
 Arterial Upper Limb  
 Venous Upper DVT

**VENOUS LOWER**

DVT  
 Deep Vein Insufficiency  
 Superficial Vein Insufficiency  
 Renal Doppler

**Pregnancy Form**

I declare, to the best of my knowledge, that I am NOT presently pregnant.

Signature \_\_\_\_\_

**BMD (by appointment)**

Baseline  
 Follow-up

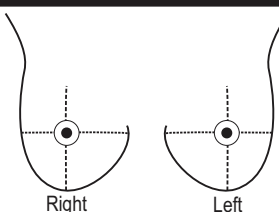
Hx of fragility #  
 Prednisone - 7.5mg daily for 3 months

**Clinical History Requested**

**Mammography (by appointment)**

Mammogram  
 Ultrasound

Bilateral  
 Implants  
 Left  
 Right



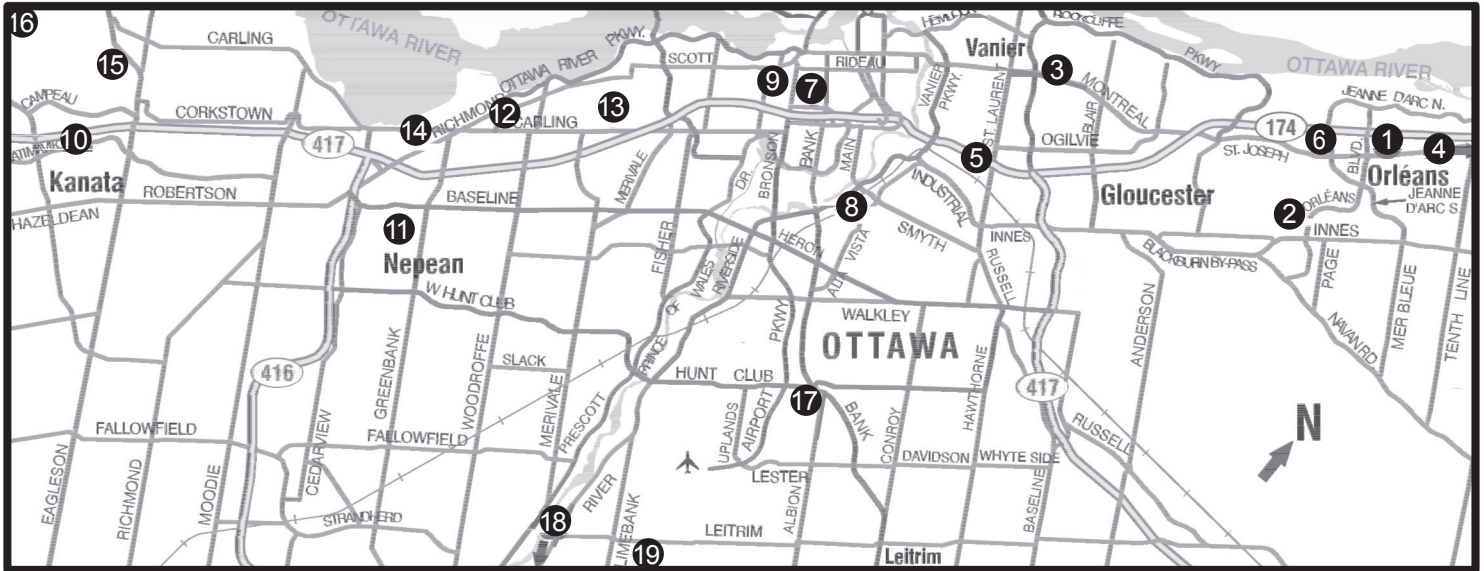
**Physician Information**

Doctor's Signature \_\_\_\_\_ M.D. \_\_\_\_\_ CC \_\_\_\_\_ M.D. \_\_\_\_\_

**PLEASE SEE REVERSE SIDE FOR THE CLINIC NEAREST YOU. PLEASE BRING VALID HEALTH CARD.**

Please arrive 10 minutes before your appointment. You MAY be rescheduled if you arrive late.

\*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.on.ca/en/public/programs/ihf/facilities.aspx>.



**CANADIAN MEDICAL ALLIANCE LOCATIONS - ENDROITS**

**OTTAWA EAST**

ADDRESS	PHONE	PROCEDURES
<input type="checkbox"/> 1 Urgent Care Imaging - 1220 Place D'orleans	613-841-5394	(X,U)
<input type="checkbox"/> 2 Real Canadian Superstore - 4270 Innes Rd	613-841-7009	(U)
<input type="checkbox"/> 3 Phenix Imaging - 595 Montreal Rd	613-749-3416	(X,M,U,R,B,V)
<input type="checkbox"/> 4 Asclepios - 570 Lacolle Way	613-695-3255	(V,U)
<input type="checkbox"/> 5 St. Laurent Medical Centre - 968 St. Laurent Blvd	613-789-4385	(U)
<input type="checkbox"/> 6 Orleans Imaging - 2555 St-Joseph Blvd	613-824-3252	(U)

**OTTAWA WEST**

ADDRESS	PHONE	PROCEDURES
<input type="checkbox"/> 10 Kanata Imaging - 150 Katimavik	613-592-0711	(X,M,U,R,B,V)
<input type="checkbox"/> 11 Nepean Imaging - 1 Centrepoinde Dr	613-723-6924	(X,U,R,B,V)
<input type="checkbox"/> 12 Bayshore Imaging - 3098 Carling Ave	613-828-7532	(X,U)
<input type="checkbox"/> 13 Broadview Imaging - 770 Broadview Ave	613-729-0412	(X,U,B)
<input type="checkbox"/> 14 Kitchissippi Clinic - 600-1081 Carling Ave	613-369-5077	(U)
<input type="checkbox"/> 15 ActiveCare - 1108 Klondike Rd	613-595-0222	(U)
<input type="checkbox"/> 16 Petawawa - 154 Civic Centre Rd	613-592-0711	(U,V)

**CENTRAL**

ADDRESS	PHONE	PROCEDURES
<input type="checkbox"/> 7 Kent Street Imaging - 381 Kent St	613-236-9892	(X,U,R,B)
<input type="checkbox"/> 8 Riverside Imaging - 1919 Riverside Dr	613-249-8419	(X,U,B)
<input type="checkbox"/> 9 Heart of Ottawa Medical Centre - 270 Elgin St	613-230-8885	(U)

**SOUTH**

ADDRESS	PHONE	PROCEDURES
<input type="checkbox"/> 17 Towngate Imaging - 2446 Bank St	613-695-3255	(X,U)
<input type="checkbox"/> 18 Findlay Creek Medical Centre - 4744 Bank St	613-317-2584	(U)
<input type="checkbox"/> 19 Limebank Imaging - 4456 Limebank Rd	613-692-2277	(X,R,U)

(X) X-Ray      (M) Mammography      (U) Ultrasound      (R) Radiologist on site  
 (B) Bone Mineral Density      (V) Vascular Ultrasound

**PREPARATION AND INSTRUCTIONS**

These instructions are **IMPORTANT**. Please follow them.

**Ultrasound Preparation and Instructions**

**Abdomen - Renal**  
 No eating, drinking, smoking, or chewing gum 8 hours prior to appointment.

**Obstretical/Pelvis**  
 Drink 34 oz or 1 litre of water 1 hour prior to appointment.  
**Do not go to the washroom.**

**Transrectal Ultrasound**  
 1. A Fleet Enema or Glycerin Suppository 2 hours before exam.  
 2. Drink 20oz of water 1 hour prior to exam

**Vascular Ultrasound**  
 No preparations

**Xray**  
 No preparations

**Bone Mineral Density**

Do not take calcium supplements for 24 hours prior to examination.  
 Patients are asked to wear clothing without zippers or metal attachments.

**Mammography**

Remove any deodorant, powder and perfume prior to appointment.

**PRÉPARATION ET CONSIGNES**

Ces consignes sont **IMPORTANTES**. S'il vous plaît veuillez les suivre.

**Préparations et consignes pour échographie**

**Échographie Abdominale**  
 Ne rien manger 8 heures avant l'examen, ne pas mâcher de gomme ni fumer.

**Échographie du bassin (obstétrique ou gynécologique)**  
 Boire 1 litre d'eau une heure avant l'examen.  
**Ne pas aller à la salle de bain.**

**Échographie Transrectale**  
 1. Un Fleet Enema ou Suppositoire glycérine 2 heures avant l'examen.  
 2. Boire 20oz 1 heure avant l'examen.

**Échographie Vasculaire**  
 Aucune préparation

**Xray**  
 Aucune préparation

**Densitometrie Osseuse**

Ne pas prendre des suppléments de calcium 24 heures avant l'examen.  
 Les patients sont invités à porter des vêtements sans fermeture éclair ou attaches métalliques.

**Mammographie**

Ne porter aucun parfum, déodorant ou poudre.