



Request for Medical Imaging General Xray/Ultrasound

Wilson Avenue Site
1235 Wilson Avenue, 2nd
Toronto, ON M3M 0B2
TEL. (416) 242-1000 EXT 63311
FAX (416) 242-1078

PATIENT INFORMATION

Last Name		First Name	
Date of Birth (d/m/y)		M	F
Address		Health Card No.	
Home Phone	Mobile Phone	Other Phone	

X-RAY (No Appointment Needed Unless Indicated)

ULTRASOUND (Only at Wilson Site By Appointment Only)

Head & Neck

SKULL
ORBITS
SINUSES
NASAL BONES
FACIAL BONES
PANOREX
SOFT TISSUE NECK

Upper Extremities

R L
CLAVICLE
A-C JOINTS
SCAPULA
SHOULDER
HUMERUS
ELBOW
FOREARM
WRIST
SCAPHOID
HAND
FINGER T 2 3 4 5

Chest & Abdomen

CHEST 2 VIEWS (PA & Lat)
RIGHT RIBS (Incl. Chest PA View)
LEFT RIBS (Incl. Chest PA View)
STERNUM
S-C JOINTS
ABDOMEN/KUB
ABDOMEN SERIES

Lower Extremities

R L
HIP (Includes Pelvis)
FEMUR
KNEE
TIB-FIB
ANKLE
CALCANEUS
FOOT
TOE H 2 3 4 5

Spine & Pelvis

CERVICAL SPINE
THORACIC SPINE
LUMBAR SPINE
S-I JOINTS
SACRUM & COCCYX
PELVIS
SCOLIOSIS 1 VIEW (AP)
SCOLIOSIS 2 VIEWS (AP & Lat)
SKELETAL SURVEY (Metastases)
SKELETAL SURVEY (Arthritis)

Gastrics (By Appointment Only)

UPPER GI SERIES
BARIUM SWALLOW
BARIUM ENEMA
SMALL BOWEL FOLLOW-THRU

General Ultrasound

ABDOMEN
PELVIS (Transabdominal)
TRANSVAGINAL
ABDOMEN & PELVIS
KIDNEYS & BLADDER
THYROID
NECK
TRANSRECTAL PROSTATE
SCROTUM
SOFT TISSUE (Specify Location): _____
PAEDIATRIC HEAD
PAEDIATRIC HIPS (DDH)

Musculoskeletal Ultrasound

R L
SHOULDER
ELBOW
WRIST/HAND
HIP
KNEE
ACHILLES TENDON
ANKLE
FOOT

Obstetrical Ultrasound

OB UNDER 16 WEEKS
OB 18-20 WEEKS
OB > 30 WEEKS
OB HIGH RISK
BIOPHYSICAL PROFILE

Vascular Ultrasound

CAROTID ARTERIES
ABDOMINAL AORTA
ARM ARTERIES
ARM VEINS
LEG ARTERIES
LEG VEINS

BIOPSY & INJECTION (By Appointment Only)

ULTRASOUND BIOPSY (Specify Location): _____
MSK/JOINT INJECTION (Specify Location): _____
NERVE ROOT BLOCK (Specify Levels): _____

OTHER EXAM NOT LISTED ABOVE

CLINICAL INDICATION FOR EXAM

PHYSICIAN INFORMATION

Physician's Name (Please PRINT)	Phone
Address	Fax
Physician's Signature	

INCOMPLETE, ILLEGIBLE, AND/OR UNSIGNED REQUISITIONS WILL BE RETURNED - PLEASE SEE REVERSE SIDE FOR EXAM PREPARATIONS

Type of Test	Preparation	Estimated Duration*
Abdominal Ultrasound	<ul style="list-style-type: none"> Do not eat any solid foods for 8 hours before your test Small quantities of clear fluids (water, juice, black coffee, or black tea) are allowed You must eat a fat free dinner the night before your test (ie., skinless chicken, lean meat, no fried foods, no dairy products, no oily fish) 	30 minutes
Abdominal and Pelvic Ultrasound (Same Visit)	<ul style="list-style-type: none"> Do not eat any solid foods for 8 hours before your test You must eat a fat free dinner the night before your test (ie., skinless chicken, lean meat, no fried foods, no dairy products, no oily fish) Finish drinking 32-48 oz (about 4-6 cups) of water 1 hour before your test Do not empty your bladder. A full bladder is required for your test 	30 to 45 minutes
Pelvic, Obstetric, or Pregnancy Ultrasound	<ul style="list-style-type: none"> Finish drinking 32-48 oz (about 4-6 cups) of water 1 hour before your test Do not empty your bladder. A full bladder is required for your test 	30 minutes
Prostate Ultrasound	<ul style="list-style-type: none"> You must purchase Fleet Enema and follow the instructions included with the product Start using Fleet Enema 2 hours before your appointment time Additional instructions will be given to you if you are being scheduled for a biopsy 	30 minutes
MSK/Joint Injection	<ul style="list-style-type: none"> No preparation is required If your injection is below the waist you must bring a driver to take you home after your procedure 	45 minutes
Barium Enema	<ul style="list-style-type: none"> You must purchase a bowel preparation such as CoLyte and follow the instructions included with the product You may only have clear fluids for the entire day before your test, and the day of your test 	1 hour
Small Bowel Follow-Thru	<ul style="list-style-type: none"> Nothing by mouth 8 hours before your test 	Up to 5 hours or more
Gastrointestinal Radiology	<ul style="list-style-type: none"> Nothing by mouth 8 hours before your test 	15 minutes to 45 minutes
Nerve Root Block	<ul style="list-style-type: none"> No preparation is required You must bring a driver to take you home after your procedure 	Up to 2 hours

Please bring this form, your Ontario Health Card, and a piece of Photo ID with you to your Medical Imaging examination. Please note, the Finch Site Medical Imaging Department is open Monday-Friday from 9:00am-6:00pm

For your safety, and to help make your visit easier, please remember to bring any assistive devices, such as a walker or a cane, along with you to the hospital.

*Estimated duration time is for a typical test and does not include the time you may be in the waiting room prior to your test. If you have any questions about your Medical Imaging test, please call the Medical Imaging Department at (416) 242-1000 EXT 63311.