

Request for X-Ray/Ultrasound

Humber River Hospital
 1235 Wilson Ave. **LEVEL 2 EAST**
 Toronto, ON M3M 0B2
Phone 416-242-1000 Ext. 63311 **Fax** 416-242-1078



Patient Information

Name _____
 OHIP # _____ VC _____
 DOB (d/m/y) _____ Sex M F
 Address _____
 City _____ PC _____
 Phone _____

Appt. Date _____ Appt. Time _____

X-Ray - No Appointment Needed Unless Specified

Head and Neck

- Skull
- Orbits
- Sinuses
- Nasal Bones
- Facial Bones
- Panorex
- Soft Tissue Neck

Chest and Abdomen

- Chest PA-Lat
- R L Ribs (Incl. PA Chest)
- Sternum
- Sternoclavicular Joints
- Abdomen KUB (1 View)
- Abdomen Series (3 Views)

Spine

- Cervical
- Thoracic
- Lumbar
- SI Joints
- Sacrum
- Coccyx
- Scoliosis PA
- Scoliosis PA-Lat

Upper Extremities

- R L Clavicle
- R L Acromioclavicular Joints
- R L Scapula
- R L Shoulder
- R L Humerus
- R L Elbow
- R L Forearm
- R L Wrist
- R L Scaphoid
- R L Hand
- R L Finger 1 2 3 4 5

Lower Extremities

- Pelvis
- 3 Foot Standing - Hips to Ankles
- R L Hip (Incl. Pelvis)
- R L Femur
- R L Knee
- R L Tibia and Fibula
- R L Ankle
- R L Calcaneus
- R L Foot
- R L Toe 1 2 3 4 5

Special Tests (By Appointment Only)

- Skeletal Survey (Metastases)
- Skeletal Survey (Arthritis)
- Upper GI Series
- Barium Swallow
- Barium Enema
- Small Bowel Follow Thru
- Nerve Block (Side/Levels) _____
- Facet Block (Side/Levels) _____
- Joint Injection (Specify) _____

Ultrasound - By Appointment Only

General

- Abdomen
- Pelvis
- Thyroid
- Neck
- Prostate
- Scrotum
- Soft Tissue (Specify) _____

Vascular

- Bilateral Carotid Arteries
- Abdominal Aorta
- Bilateral Arm Arteries
- Bilateral Arm Veins
- Bilateral Leg Arteries
- R L Leg Veins

Musculoskeletal

- R L Shoulder
- R L Elbow
- R L Wrist
- R L Hand
- R L Hip
- R L Knee
- R L Achilles Tendon
- R L Ankle
- R L Foot

Obstetrical

- < 16 Weeks
- 16-20 Weeks
- > 20 Weeks
- High Risk Pregnancy
- Biophysical Profile

Special Tests

- Paediatric Head
- Paediatric Hips (> 6 Weeks Old)
- Thyroid Biopsy
- Prostate Biopsy
- Organ Biopsy (Specify) _____

Supplementary Information

Height _____ cm Weight _____ kg
 Table Weight Limit is 227 kg/500 lbs
 Y N Taking Blood Thinners
 Y N Allergies _____

Other Test Not Listed

Clinical Information

Referring Doctor Information

Name (PRINT) _____
 Address _____
 City _____ PC _____
 Phone _____
 Fax _____
Signature _____
 CPSO # _____
 Billing # _____

INCOMPLETE, ILLEGIBLE AND/OR UNSIGNED REQUISITION FORMS WILL BE RETURNED



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Ultrasound Preparations

Abdomen (Approximately 30 min)

Do not eat solid food for 8 hours before your test. Small amounts of clear fluids are allowed (ie., water, juice, black coffee/tea). You must eat a fat free dinner the night before your test (ie., skinless chicken, lean meats, no oily fish, no fried foods, no dairy products).

Pelvis (Approximately 30 min)

Drink 32-48 oz (4-6 cups) of water 1 hour before your test. Do not empty your bladder.

Abdomen and Pelvis, Same Visit (Approximately 45-60 min)

Do not eat solid food for 8 hours before your test. You must eat a fat free dinner the night before your test (ie., skinless chicken, lean meats, no oily fish, no fried foods, no dairy products). Drink 32-48 oz (4-6 cups) of water 1 hour before your test. Do not empty your bladder.

Prostate (Approximately 30 min)

You must purchase Fleet Enema from a pharmacy and follow the instructions included with the product. Start using Fleet Enema 2 hours before your appointment time. Drink 32-48 oz (4-6 cups) of water 1 hour before your test. Do not empty your bladder. Additional instructions will be provided if you are scheduled for a prostate biopsy.

Biopsy (Up to 2 hours)

Specific instructions will be provided for the biopsy being performed.

X-Ray Preparations

Upper GI/Barium Swallow (Approximately 15-45 min)

Nothing to eat or drink 8 hours before your test.

Small Bowel Follow Thru (Up to 5 hours)

Nothing to eat or drink 8 hours before your test.

Barium Enema (Approximately 1 hour)

You must purchase a bowel preparation, such as CoLyte, from a pharmacy and follow the instructions included with the product. You must only have clear fluids for the entire day before your test as well as on the day of your test.

Special Tests Preparations

Joint Injection (Approximately 45 min)

No preparation is required. If the joint being injected is below the waist you must bring a driver with you to take you home after your procedure. If you are taking blood thinners, please consult with your family doctor about stopping these medications before your appointment date.

Nerve Root Block/Facet Block (Up to 2 hours)

Do not take pain medications on the day of your test. You must bring a driver with you to take you home after your procedure. If you are taking blood thinners, please consult with your family doctor about stopping these medications before your appointment date.

No preparation is required for tests not listed above.

Please bring this form, your health card, and photo ID along with you to your appointment.

Test times do not include the time you may be in the waiting room before your test.

The Medical Imaging Department is located on the east side of the hospital on Level 2. Enter the hospital through the East Entrance after parking your vehicle in the East Parkade, or through Portal of Care A on the south side of the hospital if you are being dropped off. Take the East Outpatient Elevators to Level 2 and turn left after exiting the elevator lobby.

For your safety and to help make your visit easier, please remember to bring any assistive devices (eg., cane, walker, wheelchair, Hoyer lift sheet in place, etc.) along with you to the hospital.

Please call 416-242-1000 Ext. 63311 if you have any questions.