YORK RADIOLOGY
C O N S U L T A N T S

RADIOLOGISTS:
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NAME ______________________ DATE ______________
ADDRESS ______________________
TELEPHONE ______________ DATE OF BIRTH D. / M. / Y.
HEALTH CARD No. ______________________

APPOINTMENT

DATE: ______________
TIME: ______________

***PLEASE ARRIVE 10 MIN. BEFORE YOUR APPT. TIME.**
***48 HOURS NOTICE FOR CANCELLATIONS.**

CLINICAL INFORMATION ______________________

REFERRING PHYSICIAN ______________________
ADDRESS ______________________
TEL/FAX ______________________
OHIP BILLING # ______________________
SIGNATURE ______________________
COPY TO ______________________

ULTRASOUND (All procedures involve color Doppler where applicable)

OBSTETRICAL DLMP __________
- ☐ DATING
- ☐ IPS NT MEASUREMENT (12 - 14 WKS)
- ☐ DETAILED OB SCAN (18 - 20 WKS)
- ☐ THIRD TRIMESTER
- ☐ BPP
- ☐ COMPLICATIONS
- ☐ R/O ECTOPIC

VASCULAR ULTRASOUND
- ☐ CAROTIDS
- ☐ R ☐ L VEINS OF ARMS
- ☐ R ☐ L VEINS OF LEGS
- ☐ ARTERIES OF ARMS
- ☐ ARTERIES OF LEGS

GENERAL
- ☐ ABDOMEN
- ☐ LIMITED ABDOMEN
- ☐ AAA SCREEN
- ☐ AXILLA
- ☐ RENAL
- ☐ BLADDER
- ☐ PROSTATE
- ☐ PELVIC
- ☐ TRANSVAGINAL
- ☐ POST VOID
- ☐ GROINS
- ☐ NECK
- ☐ THYROID
- ☐ THYROID BIOPSY
- ☐ T.M. JOINTS
- ☐ TESTICULAR
- ☐ SALIVARY GLANDS

MUSCULO-SKELETAL
- ☐ R ☐ L SHOULDER
- ☐ R ☐ L ELBOW
- ☐ R ☐ L HAMSTRINGS
- ☐ R ☐ L KNEE
- ☐ R ☐ L FOOT
- ☐ R ☐ L ACHILLES TENDON
- ☐ R ☐ L ANKLES
- ☐ R ☐ L HANDS
- ☐ R ☐ L HIPS
- ☐ R ☐ L WRIST

☐ OTHER ______________

BONE MINERAL ESTIMATION (BMD)
☐ BASELINE ☐ LOW RISK ☐ HIGH RISK

NUCLEAR CARDIOLOGY
POSSIBILITY OF PREGNANCY AND/OR BREAST FEEDING? ☐ YES ☐ NO

MYOCARDIAL PERFUSION
- ☐ EXERCISE
- ☐ PERSANTINE
- ☐ RESTING VENTRICULAR FUNCTION (REST MUGA)

CARDIOLOGY
- ☐ GRADED EXERCISE TEST (GXT)
- ☐ ECHO
- ☐ STRESS ECHO
- ☐ HOLTER ☐ 24 HRS ☐ 48 HRS ☐ 72 HRS

NUCLEAR MEDICINE
POSSIBILITY OF PREGNANCY AND/OR BREAST FEEDING? ☐ YES ☐ NO

ENDOCRINE
- ☐ THYROID UPTAKE & SCAN
- ☐ PARA-THYROID
- ☐ THYROID SCAN ONLY
- ☐ IODINE UPTAKE MEASUREMENT

GASTROINTESTINAL
- ☐ LIVER / SPLEEN (SULPHUR COLLOID)
- ☐ R.B.C. LIVER
- ☐ HEPATOBILIARY (HIDA)

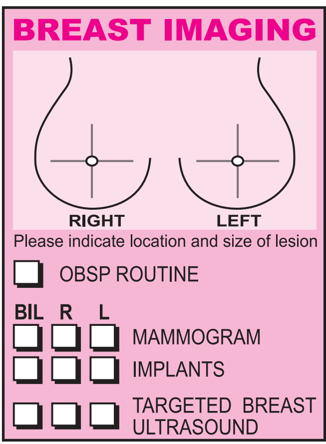
GENITOURINARY
- ☐ RENAL FLOW & DIFFERENTIAL FUNCTION (DTPA)

SKELETAL
- ☐ BONE / WHOLE BODY
- ☐ BONE / SPECIFIC SITE

____

OTHER ______________

BREAST IMAGING



Please indicate location and size of lesion

☐ OBSP ROUTINE

BIL	R	L	
☐	☐	☐	MAMMOGRAM
☐	☐	☐	IMPLANTS
☐	☐	☐	TARGETED BREAST ULTRASOUND

X-RAYS

CHEST
- ☐ CHEST PA & LAT
- ☐ CHEST VISA
- ☐ STERNUM
- ☐ RIBS & CHEST PA
- ☐ R ☐ L

ABDOMEN
- ☐ KUB
- ☐ TWO VIEWS + CHEST PA

HEAD & NECK
- ☐ SINUSES
- ☐ SKULL
- ☐ FACIAL BONES
- ☐ NOSE
- ☐ MANDIBLE
- ☐ T.M. JOINTS
- ☐ ADENOIDS
- ☐ MASTOIDS
- ☐ NECK FOR SOFT TISSUE
- ☐ I.A.M.
- ☐ SELLA TURCICA

SPINE & PELVIS
- ☐ CERVICAL SPINE
- ☐ THORACIC SPINE
- ☐ LUMBAR SPINE
- ☐ SCOLIOSIS (2 VIEWS)
- ☐ SACRUM & COCCYX
- ☐ S - I JOINTS
- ☐ PELVIS

SKELETAL SURVEY
- ☐ ARTHRITIC
- ☐ METASTATIC
- ☐ BONE AGE

UPPER EXTREMITIES
- ☐ R ☐ L SHOULDER
- ☐ R ☐ L CLAVICLE
- ☐ R ☐ L AC JOINTS
- ☐ R ☐ L SC JOINTS
- ☐ R ☐ L SCAPULA
- ☐ R ☐ L HUMERUS
- ☐ R ☐ L ELBOW
- ☐ R ☐ L FOREARM
- ☐ R ☐ L WRIST
- ☐ R ☐ L SCAPHOID
- ☐ R ☐ L HAND
- ☐ R ☐ L FINGERS No. 1 2 3 4 5 ☐☐☐☐☐

LOWER EXTREMITIES
- ☐ R ☐ L HIP
- ☐ R ☐ L FEMUR
- ☐ R ☐ L KNEE
- ☐ R ☐ L TIBIA & FIBULA
- ☐ R ☐ L ANKLE
- ☐ R ☐ L FOOT
- ☐ R ☐ L CALCANEUS
- ☐ R ☐ L TOES No. 1 2 3 4 5 ☐☐☐☐☐

OTHER ______________

SEE OTHER SIDE FOR CLINICS SITES ADDRESS AND EXAM PREPARATION.

www.yorkradiology.ca

PREPARATIONS AND INSTRUCTIONS FOR EXAMINATIONS

O.H.I.P. REQUIRES YOU TO BRING YOUR **VALID HEALTH CARD AND REQUISITION COMPLETED AND SIGNED BY YOUR DOCTOR.**

CLINIC LOCATIONS

☐ **1333 Sheppard Ave. East, Suite 100/125**
Willowdale, ON M2J 1V1

Suite 100

Tel: 416-494-8800 ext 100
Fax: 416-494-9257

X-RAY
ULTRASOUND
MAMMOGRAPHY

Suite 125

Tel: 416-494-0030
Fax: 416-494-8611

BMD / GXT /
HOLTER / ECHO
NUCLEAR MEDICINE
CARDIOLOGY

☐ **1100 Sheppard Ave. East, Suite 103**
Willowdale, ON M2K 2W2

Tel: 416-223-4884
Fax: 416-223-4886

X-RAY

ULTRASOUND

FREE PARKING

☐ **1450 O'Connor Drive, Building 1**
Unit 12, Toronto, ON M4B 2T8

Tel: 416-759-3223
Fax: 416-759-6964

X-RAY
ULTRASOUND
BMD

FREE PARKING

☐ **3292 Bayview Ave., Suite 206**
Toronto, ON M2M 4J5

Tel: 647-427-0195
Fax: 416-225-8220

X-RAY
ULTRASOUND
BMD

FREE PARKING

ULTRASOUND

ABDOMEN

If your appointment is in the morning, nothing to eat or drink 8 hours prior to your appointment. If your appointment is in the afternoon, for breakfast you may eat dry toast, black tea, black coffee and juice **(NO MILK)** up to 9 a.m. Duration ½ hour.

PELVIC / EARLY PREGNANCY (UP TO 14 WEEKS)

A full bladder is necessary. Finish drinking 1 litre of clear fluids 1 hour prior to your appointment. **DO NOT EMPTY YOUR BLADDER.** Duration 1 hour.

ABDOMEN AND PELVIC

Nothing to eat 8 hrs prior to your appointment.
A full bladder is necessary. Finish drinking 1 litre of clear fluids 1 hour prior to your appointment. **DO NOT EMPTY YOUR BLADDER.** Duration 1 hour.

OBSTETRICAL DETAILED PREGNANCY 18 - 20 WEEKS / 3rd TRIMESTER

A full bladder is necessary. Finish drinking ½ litre of clear fluids 1 hour prior to your appointment. **DO NOT EMPTY YOUR BLADDER.** Duration 1 hour.

MAMMOGRAPHY

1. For best results, it is preferrable to schedule the examination during the first 2 weeks **following** onset of your menstrual period.
2. **Do not use** deodorant or body powder on the day of the examination.

CARDIOLOGY

Exercise Myocardial Perfusion/Persantine Myocardial Perfusion: Duration 4.5 hours.

Graded Exercise Test: Duration 1 hour.

Stress Echo: Duration 2.5 hour.

1. No solid food 4 hours prior to appointment.
2. No caffeine (tea, coffee, chocolate, soft drinks, Tylenol 1-3) 24 hours prior to appointment.
3. You should be off beta-blockers and calcium channel blockers 48 hours prior to appointment - in consultation with your referring physician.
4. Wear/Bring something comfortable for the exercise test. (Running shoes and pants).
5. Bring a list of all your current medications.

Resting Ventricular function: No preparation required. Duration 1.5 hours.

Holter / Event Recorder: No preparation required. Duration 30 minutes.

Echo: No preparation required. Duration 1 hour.

NUCLEAR MEDICINE

Bone Scan: No preparation required. Duration 3.5 hours.

Thyroid Scan and Uptake: Duration two days < 1 hour each

1. No thyroid medication for 4 weeks prior to appointment- in consultation with your referring physician.
2. No recent CT scan with contrast.

Liver/Spleen or RBC Liver Study: No preparation. Duration 2.5 hours.

Hepatobiliary Study: Nothing to eat or drink from midnight the night before. Duration 2 hours.

Renal Study: Drink 16 oz (2 large glasses) of fluid 1 hour prior to appointment. Duration 1 hour.

BONE MINERAL ESTIMATION (BMD)

No preparation required. Duration: 15 minutes. **No Barium Studies within 7 days**.
Refrain from wearing clothing with zippers/metal snaps.

X-RAYS

No preparation/appointment required.

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

www.yorkradiology.ca