

Patient's Last Name _____	First Name _____
Phone# _____	Health Card # _____
Date of Birth _____	

CLINICAL INFORMATION

X-RAY NO APPOINTMENT NEEDED

I declare to the best of my knowledge that I am not presently pregnant. Signature _____

- ABDOMEN**
- Plain Film (KUB)
 - Acute (2-3 views)
- HEAD & NECK**
- Soft Tissues of Neck
 - Skull
 - Mastoids
 - Facial Bones
 - Nasal Bone
 - Orbits
 - Mandible
 - T.M. Joints

- UPPER EXTREMITIES**
- R L**
- Shoulder
 - Clavicle
 - A.C. Joints
 - Scapula
 - Humerus
 - Elbow
 - Forearm
 - Wrist
 - Hand
 - Digit 1 2 3 4 5

- CHEST**
- Chest PA & LAT
 - Chest PA & Ribs R L
 - Sternum
 - Sternoclavicular Joints
 - Thoracic Inlet
- SPINE & PELVIS**
- Cervical Spine
 - Thoracic Spine
 - Lumbar Spine
 - S.I. Joints
 - Pelvis & Hips
 - Pelvis IUCD Type
 - Scoliosis Series
 - OTHER VIEWS**

- LOWER EXTREMITIES**
- R L**
- Hip
 - Femur
 - Knee
 - Tibia & Fibula
 - Ankle
 - Foot
 - Os Calcis
 - Toe 1 2 3 4 5
- BONE AGE**
(Left Hand & Wrist)
 - SKELETAL SURVEY**
(e.g. Arthritic, Metastatic)

Referring Physician: _____ M.D.

Physician Phone # _____

Physician Fax # _____

CC _____ M.D.

REQUEST FOR URGENT REPORTS:

VERBAL - Phone # _____

BREAST IMAGING
CALL FOR AN APPOINTMENT

- MAMMOGRAM**
- IMPLANTS** Yes No
- Routine Screening
 - Diagnostic Right Left
- BREAST ULTRASOUND**
- Right Left
- (NO UNDERARM DEODORANT THE DAY OF EXAM)

BONE MINERAL DENSITOMETRY

Date of Last Exam: _____

- 1st Time
- Follow up Low Risk High risk

Echocardiogram

ULTRASOUND CALL FOR AN APPOINTMENT

- ABDOMEN**
- Complete
 - Limited _____
 - Kidney and Bladder
 - FEMALE PELVIS**
 - Transvaginal
 - MALE PELVIS**
 - Transrectal
 - TESTES/SCROTUM**
 - SOFT TISSUE/LUMP**
 - HERNIA**

- OBSTETRICAL**
- Date of LMP _____
- Dating (<18 weeks)
 - NT Scan (IPS)
 - Routine Fetal Anatomy (18-20 weeks)
 - OB Routine (>30 weeks)
 - High Risk or Complications
 - Biophysical Profile (BPP)
 - THYROID**
 - NECK**

- MUSCULOSKELETAL**
- R L**
- Shoulder
 - Elbow
 - Forearm
 - Wrist & Hand
 - Hip
 - Leg
 - Knee
 - Foot
 - Ankle

- VASCULAR**
- R L**
- Venous Upper Ext.
 - Venous Lower Ext.
 - Arterial Upper Ext.
 - Arterial Lower Ext.
 - Aorta & Iliac Arteries
 - Carotid Arteries
 - Ankle Brachial Index
- CHEST**
- Wall Mass
 - Pleural E.

800 Bathurst St. Units 304,501 and 507
Toronto, ON M5R 3M8
(T) 416-531-1128 / 416-531-1523
(F) 416-531--1127
www.annexmedicalimaging.com

CLINIC HOURS:

Monday- Thursday	9:00 AM- 6:00 PM
Friday	9:00 AM- 5:00 PM
Saturday	9:00 AM- 3:00 PM

ULTRASOUND PRE-TEST PREPARATIONS

ABDOMEN: Nothing to EAT or DRINK at least 6 hours before the examination.

PELVIC, OBSTETRICS(PREGNANCY) or PROSTATE: Please Drink 5 large glasses of water (40 oz=1 Litre). Drinking should be finished 1 hour before the test. A FULL BLADDER is very important for this type of examination. DO NOT VOID.

ABDOMEN AND PELVIS: Nothing to EAT at least 6 hours before the examination. 1 hour before the test, PLEASE DRINK 5 large glasses of water(40 oz=1 litre). DO NOT VOID.

FRENCH:

ABDOMEN: Rien a manger ou a boire pendant 6 heures avant l'examen.

PELVIANNE/OBSTETRIQUE/PROSTATE: Veuillez boire 40 oz/1L d'eau une heure avant le test. Une vessie pleine est importante pour cet examen. N'urinez pas.

SPANISH:

ABDOMEN: Nada COMER o BEBER por lo menos 6 horas antes de la examinacion.

PELVICO,OBSTETRICA(EMBARAZO) o PROSTATA: Beba por favor 5 cristales grandes de lagua (40 oncia= 1 litro) da rifinire 1 ora prima della prova.Una vejiga llena es muy importante para este tipo de examinacion. NON SVUOTI.

PORTUGUESE:

ABDOMEN: Nada COMER ou BEBER ao menos 6 horas antes da examinacao.

PELVIC, OBSTETRICS(GRAVIDEZ) ou PROSTATE: Beba por favor 5 vidros grandes da agua(40 onca= 1 litro) a ser terminada 1 hora antes do teste. Uma bexiga cheia e muito importante Para este tipo de examinacao. NAO ANULE.

CHINESE:

ABDOMEN (腹部) :检查前至少6小时不吃任何东西和不喝水.

PELVIC, OBSTETRICS or PROSTATE(盆腔, 怀孕或前列腺) :膀胱充盈对检查非常重要·请提前1小时喝水5大(40安士或1升水),检查前不要上厕所.

KOREAN:

ABDOMEN: 검사 6시간 전부터 식사와 음료를 드시지 마세요.

PELVIC, OBSTETRIC or PROSTATE: 검사 1시간 전에 1리터의 물을 마시고 소변을 보시면 안됩니다.

VIETNAMESE:

ABDOMEN: Không được ăn uống gì ít nhất là 6 giờ đồng hồ trước khi đi chụp Siêu Âm.

Chụp PELVIC hoặc Khám Thai: 1 giờ đồng hồ trước khi đến chụp: Uống 5 ly Nước, khoảng 1 lít nước, không đi tiểu. Bụng phải đầy nước mới xét-nghiệm được.

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](#)

PLEASE BRING YOUR HEALTH CARD AND THIS REQUISITION.

PLEASE CALL 24 HOURS IN ADVANCE IF YOU NEED TO CHANGE YOUR APPOINTMENT.