ANNEX MEDICAL IMAGING

800 Bathurst St. Units 304 and 302 Toronto, ON M5R 3M8
(T) 416-531-1128 (F) 416-531--1127 www.annexmedicalimaging.com

_____ _____ AM
APPOINTMENT DATE APPOINTMENT TIME PM

_____ _____
Patient's Last Name First Name

_____ _____
Phone# Health Card #

_____
Date of Birth

CLINICAL INFORMATION

_____
_____
_____
_____
_____

X-RAY CALL FOR AN APPOINTMENT

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

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
- ☐ Sacrum & Coccyx
- ☐ Pelvis & Hips
- ☐ Pelvis ☐ IUCD Type
- ☐ Scoliosis Series

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

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)
- ☐ **OTHER VIEWS**

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

ULTRASOUND CALL FOR AN APPOINTMENT

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

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
- ☐☐ Arm
- ☐☐ Elbow
- ☐☐ Forearm
- ☐☐ Wrist
- ☐☐ Hand

R L
- ☐☐ Hip
- ☐☐ Thigh
- ☐☐ Knee
- ☐☐ Calf
- ☐☐ Ankle
- ☐☐ Foot

VASCULAR
- ☐☐ Venous Upper Ext.
- ☐☐ Venous Lower Ext.
- ☐☐ Arterial Upper Ext.
- ☐☐ Arterial Lower Ext.
- ☐ Aorta & Iliac Arteries
- ☐ Carotid Arteries
- ☐ Ankle Brachial Index

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(F) 416-531-1127
www.annexmedicalimaging.com

CLINIC HOURS:

Monday- 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.
PELVIENNE/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 Ilena 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 APPOINMTMENT.