


**PLEASE BRING THIS REQUISITION AND YOUR HEALTH CARD**

## PATIENT INFORMATION

PATIENT NAME: \_\_\_\_\_  
 DATE OF BIRTH: \_\_\_\_\_ GENDER: M/F \_\_\_\_\_  
 TELEPHONE (HOME/CELL) \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_  
 EMAIL: \_\_\_\_\_  
 HEALTH CARD: \_\_\_\_\_ VC: \_\_\_\_\_  
 TELEPHONE (HOME) : \_\_\_\_\_  
 TELEPHONE (OTHER): \_\_\_\_\_  
**APPOINTMENT DATE AND TIME:**  \_\_\_\_\_

## CLINICAL INFORMATION

REFERRED BY: \_\_\_\_\_ BILLING # \_\_\_\_\_

SIGNATURE: \_\_\_\_\_  STAT  VERBAL

## X R A Y

### CHEST

- Chest PA & LAT
- Chest PA Ins/ Exp & Lat
- Chest PA
- Sternum
- SC Joints
- Ribs & Chest PA
- R  L

### ABDOMEN

- KUB
- Acute Abdomen

### UPPER EXTREMITIES

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

### HEAD & NECK

- Sinuses
- Skull
- Sella Turcica
- Facial Bones
- Nose
- Mandible
- TM Joints
- Adenoids
- Mastoids
- Neck for Soft Tissue
- Internal Auditory Meati
- Orbits

### LOWER EXTREMITIES

- R L
- Hip
  - Femur
  - Knee
  - Tibia & Fibula
  - Ankle
  - Foot
  - Calcaneus
  - Toes 1 2 3 4 5

### SPINE & PELVIS

- Cervical Spine
- Thoracic Spine
- Lumbar Spine
- Scoliosis Series
- Sacrum & Coccyx
- SI Joints Pelvis

### SKELETAL SURVEY

- Arthritic
- Metastatic
- Bone Age

## BONE DENSITY

### BONE MINERAL DENSITY DEXA: HIP & SPINE

- High Risk - (Annually)
- Routine - (2nd test at 3 years post baseline/ subsequent testing every 5 years)

DATE OF LAST TEST: \_\_\_\_\_

## ULTRASOUND PREPARATIONS

### ABDOMINAL ULTRASOUND

- Fat free dinner the night before examination.
- No dairy products or fried food.
- No carbonated drinks 12 hours prior to examination.
- Nothing to eat or drink after midnight.

### PELVIC/OBSTETRICAL OR TRANSABDOMINAL PROSTATE

- Drink 6 large glasses (48 oz.) of clear fluids (water, juice, black coffee or tea).
- You must be finished drinking all 48 oz. of fluid 1 hr before examination
- **DO NOT VOID**  
A full bladder is necessary for the examination.
- Please eat breakfast and lunch.

### ABDOMINAL/PELVIC TOGETHER

- Fat free dinner the night before examination.
- Nothing to eat after midnight.
- Drink 6 large glasses (48 oz.) of clear fluids (water, juice, coffee or tea) one hour before examination).
- **DO NOT VOID**  
A full bladder is necessary for the examination.

### TRANSRECTAL PROSTATE ULTRASOUND PREPARATIONS:

- 1) Obtain FLEET ENEMA from the lab (free).  
Follow the instructions in the package.  
Take the enema 2 hours before the appointment time.
- 2) Drink 5 glasses of water 1 hour before examination  
**DO NOT VOID** (urinate) until the examination is completed.

## U L T R A S O U N D

### GENERAL

- Abdominal - Complete
- Kidney
- Kidneys & Renal Arteries - Hypertension
- Pelvic - Transabdominal
- Pelvic - Endovaginal
- Prostate
- Transrectal

### OBSTETRICS:

- 1st Trimester
- Nuchal Translucency
- IPS-1
- 2nd/3rd trimester - Complete
- Fetal Presentation
- Placental Position
- BPP
- Hysterosonography

### SMALL PARTS:

- R L
- Thyroid
  - Scrotal
  - Salivary
  - Shoulder
  - Elbow
  - Wrist
  - Hip
  - Knee
  - Ankles
  - Achilles
  - Plantar Fascia

Other \_\_\_\_\_

### MSK INJECTIONS

- R L
- Bursa
  - Joints
  - Tendons

### BREAST IMAGING

- Ultrasound



**ALL OTHER TESTS - No preparation required.**

# PATIENT INSTRUCTIONS

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## CARDIOVASCULAR

### CONSULTATIONS

**Cardiology Consultation**

- First available
- Dr. Doug Ng
- Dr. Irving Tiong

**Electrophysiology (EP)**

- First available
- Dr. Doug Ng
- Dr. Irving Tiong

**Internal Medicine**

- Dr. Irving Tiong

### CARDIOLOGY

- Echocardiogram
- Holter Monitor 48hrs 72hrs 1wk 2wk
- Resting ECG
- Stress ECG/GXT
- Ambulatory Blood Pressure Monitoring (ABPM)
- Microvolt T-Wave Alternans (MTWA)

## DIAGNOSTICS TEST PREPARATIONS

### EXERCISE STRESS TEST GXT/ ECG / ECHO

- Light breakfast / lunch on the day of test
- Wear comfortable shoes, T-shirt, shorts or pants
- No smoking 1 hour prior to testing
- Bring all current medications, and check with your physician regarding the discontinuation of any related medication.

## INDICATIONS/CLINICAL INFORMATION

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- Chest Pain
- Shortness of Breath
- History of MI / Stroke
- Palpitations
- Heart Murmur
- Dizziness / Lightheadedness
- Syncope
- High BP
- High Cholesterol
- Diabetes
- Abnormal ECG

DATE: \_\_\_\_\_ MD: \_\_\_\_\_



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info@humberdiagnosticscenter.com

### Hours of Operation

Monday - Thurs.	8 am - 6 pm
Friday	8 am - 5 pm
Saturday	8 am - 3 pm