


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 (Immigration)
- R L Ribs & Chest PA
- Sternum
- SC Joints

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

- Baseline
- 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
- Pelvic - Transabdominal
- Pelvic - Endovaginal
- Prostate
- Transrectal

OBSTETRICS/GYNECOLOGY:

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

SMALL PARTS:

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

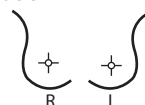
Other _____

ULTRASOUND GUIDED PROCEDURES

- R L
- Thyroid FNA
 - Lymph Node FNA
 - Bursa
 - Joints
 - Tendons

BREAST ULTRASOUND

- Right
- Left
- Bilateral Breast



Located at North York Medical Center

1017 Wilson Avenue, Suite 100 • North York, Ontario, M3K 1Z1

Tel: 416-631-7581 Fax: 416-631-9759

Staff Radiologist

Dr. Jeff Grenville, MD, FRCPC

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:  _____

INDICATIONS/CLINICAL INFORMATION

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

REFERRED BY: _____ BILLING # _____

DATE: _____

SIGNATURE: _____ STAT VERBAL

MD: _____

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

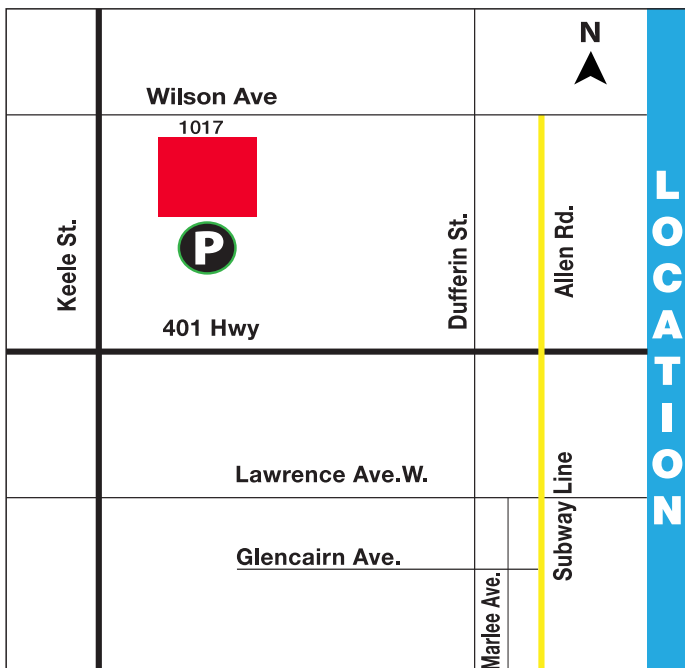
CARDIOLOGY

- Echocardiogram
- Holter Monitor 48hrs 72hrs 1wk 2wk
- Resting ECG
- Stress ECG/GXT

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.



Hours of Operation

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