

RADIOLOGY REQUISITION FORM

X-RAY | ULTRASOUND | BMD

LOW DOSE DIGITAL X-RAY IMAGING

Appointment	DAY	MONTH	YEAR	Location
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Arrive 10 minutes before your appointment and bring your OHIP card. If you are unable to keep your appointment, please give us 24-hour notification. You will be rebooked if you are late.

Patient's Last Name		Patient's First Name		
Address		Date of Birth (DD MM YYYY)		
City	Prov.	Postal Code	Phone #	Cell Phone #
Health Card #				
Physician's Signature:				
CC Reports to:				
Clinical History (REQUIRED) <input type="checkbox"/> STAT <input type="checkbox"/> VERBAL Contact # _____				

DIGITAL X-RAY (No appointment required)

HEAD & NECK

- Soft tissue neck
 - Skull
 - Sinuses
 - Orbits for MRI
 - Facial bones
 - Nose
 - Mandible
 - T.M. joints
 - Adenoids
 - Mastoids
- ABDOMEN**
- Plain film (K.U.B. 1 view)
 - Acute (2 views) + PA chest

CHEST

- Chest (2 views)
- Ribs & chest P.A. (OR OL)
- Sternum

Other _____

SPINE & PELVIS

- Cervical spine
 - Thoracic spine
 - Lumbar (L/S) spine
 - Pelvis
 - S.I. joints
 - Sacrum & coccyx
- SKELETAL SURVEY**
- Metastatic series
 - Multiple myeloma series
 - Arthritic series
 - Bone age
 - Scoliosis series

UPPER EXTREMITIES

- | | |
|--------------------------|--------------------------|
| R | L |
| <input type="checkbox"/> | <input type="checkbox"/> |
- Shoulder
 - Clavicle
 - Sternoclavicular joints
 - A.C. joint
 - Scapula
 - Humerus
 - Elbow
 - Forearm
 - Wrist
 - Scaphoid
 - Hand
 - Fingers # 1 2 3 4 5

LOWER EXTREMITIES

- | | |
|--------------------------|--------------------------|
| R | L |
| <input type="checkbox"/> | <input type="checkbox"/> |
- Hip
 - Femur
 - Knee
 - Tib. & fib.
 - Ankle
 - Foot
 - Calcaneus
 - Toes # 1 2 3 4 5

BONE MINERAL DENSITOMETRY (BMD)

By appointment only. (No contrast or radioactive exam the previous week).

- Baseline (1st BMD) Low risk* High risk (Every year)

Previous (required): Yes No

Where: _____ When: _____

Indication: _____ * (3 years after first exam, then every 5 years)

DIGITAL ULTRASOUND

By appointment only. See reverse for maps, preparatory instructions and location.

GENERAL ULTRASOUND

- Face
- Ophthalmic
 - Biometry (OR OL)
 - B-mode (OR OL)
- Neck
- Thyroid
- Breast (OR OL)
- Chest (pleural effusion)
- Abdomen
 - Abdominal Wall
 - Abdomen and Pelvis
 - Kidneys and Bladder
- Groin (OR OL)
- Testes/scrotum

FEMALE PELVIS

- (Includes TV)
- No Transvaginal
 - Post Void Residual

MALE PELVIS

- Post Void Residual
- Transrectal Prostate

OBSTETRICAL

- Dating
- Combined NT + Anatomic (11-14 wks) + Anatomic (20-22 wks)
 - NT _____
 - Anatomic _____
- NT (11-14 wks)
- Anatomic (20-22 wks)
- Fetal growth follow-up
- Biophysical profile
- Cervical length
- Twin series*
- High risk twin series**
- High risk _____
- Follicular monitoring

MUSCULOSKELETAL

- | | |
|--------------------------|--------------------------|
| R | L |
| <input type="checkbox"/> | <input type="checkbox"/> |
- Shoulder
 - Arm
 - Biceps
 - Elbow
 - Wrist
 - Carpal tunnel
 - Hand
 - Finger _____
 - Hip
 - Thigh
 - Knee
 - Calf
 - Ankle
 - Achilles tendon
 - Foot
 - Toe _____
 - Plantar fascia
 - Popliteal fossa
 - Soft tissue/superficial mass
 - Other

ECHOCARDIOGRAPHY

- 2D Echo/Colorflow Doppler

DOPPLER VASCULAR STUDIES

- Carotid arteries
- Renal arteries
- Aorta/Iliacs
- Lower Extremity R L
 - Arterial
 - Venous to R/O DVT
- Upper Extremity R L
 - Arterial
 - Venous to R/O DVT

SPECIAL PROCEDURES FAX REQUISITION 519-254-6054

- Thyroid biopsy / FNA other
- Joint Injection
- Pain Injection
- * Specify Type & Location Below