ESR
ERIE ST CLAIR RADIOLOGY

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RADIOLOGY REQUISITION FORM

X-RAY | ULTRASOUND | BMD

LOW DOSE DIGITAL X-RAY IMAGING

Appointment	DAY	MONTH	YEAR	Location

ARRIVE 10 MINUTES PRIOR TO YOUR APPOINTMENT WITH YOUR OHIP CARD. TO AVOID A "NO SHOW" FEE, PLEASE GIVE 24 HOUR NOTICE. IF YOU ARE LATE, YOU WILL BE REBOOKED.

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) ❑ STAT ❑ 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. (❍R ❍L)
- ❑ 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	
❑	❑	Shoulder
❑	❑	Clavicle
❑	❑	Sternoclavicular joints
❑	❑	A.C. joint
❑	❑	Scapula
❑	❑	Humerus
❑	❑	Elbow
❑	❑	Forearm
❑	❑	Wrist
❑	❑	Scaphoid
❑	❑	Hand
❑	❑	Fingers # 1 2 3 4 5

LOWER EXTREMITIES

R	L	
❑	❑	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 (❍R ❍L)
  - ❍ B-mode (❍R ❍L)
- ❑ Neck
- ❑ Thyroid
- ❑ Parotid
- ❑ Breast (❍R ❍L)
- ❑ Chest (pleural effusion)
- ❑ Abdomen Complete *
- ❑ Abdominal Wall
- ❑ Abdomen and Pelvis
- ❑ Kidneys and Bladder **
- ❑ Groin (❍R ❍L ❍B)
- ❑ Testes/scrotum
- ❑ Appendicitis

* Incl - limited bladder & lower quadrants - not reproductive organs

** Incl - lower quadrants - not reproductive organs

❑ FEMALE PELVIS
(Includes TV)
- ❑ No Transvaginal
- ❑ Post Void Residual

❑ MALE PELVIS
- ❑ Post Void Residual
- ❑ Transrectal Prostate

OBSTETRICAL
- ❑ Dating (6 - 11 wks)
- ❑ 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	
❑	❑	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 Location_____
❑	❑	Other _____

DOPPLER VASCULAR STUDIES
- ❑ Carotid arteries
- ❑ Renal arteries
- ❑ Aorta/Iliacs
- ❑ Lower Extremity (R ❑ ❑ L)
  - ❑ Arterial ❑ ❑
  - ❑ Venous ❑ ❑
- ❑ Upper Extremity (R ❑ ❑ L)
  - ❑ Arterial ❑ ❑
  - ❑ Venous ❑ ❑

\+ Every two weeks BPP/Dopplers/Cervical length; every month BPP/Doppler/Cervical length plus growth till birth.

++ BPP/Doppler/Cervical length plus growth every two weeks.

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X-RAY | ULTRASOUND | BMD

This requisition form can be taken to any licensed facility providing healthcare services including hospitals and IHFs, such as those on the IHF Program website: http://www.health.gov.on.ca/en/public/programs/ihf/facilities.aspx

DIAGNOSTIC IMAGING INSTRUCTION SHEET

NO PREPARATION REQUIRED FOR THE FOLLOWING:

- Transvaginal ultrasound only (no pelvic exam)
- Musculoskeletal ultrasound
- Thyroid ultrasound
- Doppler/Vascular
- Breast ultrasound
- Face/Neck/Chest

X-RAY

If there is a possibility that you are pregnant, please inform your doctor and the technologist prior to the X-ray.

ABDOMINAL ULTRASOUND

Do not eat or drink anything for 8 hours prior to the examination. Fat free diet on the day before the examination.

ABDOMINAL/PELVIC ULTRASOUND

Do not eat for 8 hours prior to the examination. Fat free diet on the day before examination. Finish drinking 1 Litre of fluid (four 8 oz glasses) 1 hour before your examination time. Do not empty your bladder.

PELVIC ULTRASOUND/EARLY PREGNANCY (6 - 11 weeks)

Finish drinking 1 Litre of clear fluid (four 8 oz glasses) 1 hour before examination time. Do not empty your bladder. A transvaginal study may also be requested; this involves the insertion of the ultrasound probe into the vagina for optimal visualization of the pelvic structures. The bladder will be emptied for this portion of the examination.

PREGNANCY (12 - 40 weeks)/NUCHAL TRANSLUCENCY (11 - 14 weeks)

No preparation required.

KIDNEYS/BLADDER ULTRASOUND

Finish drinking 1 Litre of clear fluid (four 8 oz glasses) 1 hour before examination time. Do not empty your bladder.

PROSTATE/TRANSRECTAL

Fleet enema (2 - 3 hours prior to examination). Drink 1 Litre of clear fluid (four 8 oz glasses) 1 hour before appointment time. DO NOT go to the washroom as you must have a full bladder for the examination. You may eat regularly.

BONE MINERAL DENSITOMETRY (BMD)

No contrast or radioactive exam the previous week. Appointment should not be booked within 1 week of having any X-ray exams involving contrast agents or having had a nuclear medicine examination. On the day of the examination, do not take calcium supplements or iron tablets.

LOCATIONS

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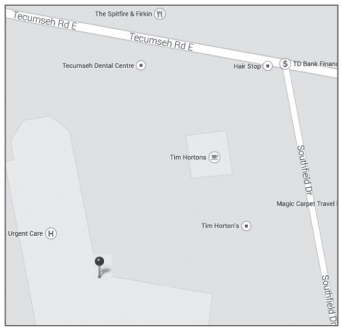

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