



WHEELCHAIR ACCESSIBLE
FREE PARKING

FEMALE TECHNOLOGISTS AVAILABLE



Appointment Date and Time

Date: _____

Time: _____

Name:	D.O.B	SEX <input type="checkbox"/> M <input type="checkbox"/> F	Health No. & V.C.
Address:			Tel:

Ph: **905-673-1756**
6870 Goreway Drive, Suite 101
Mississauga, ON L4V 1P1
Fax: 905-673-1759

CLINIC HOURS
Mon-Thurs: 8:00 AM to 6 PM
Friday 8:00 AM to 4 PM
Saturday 8:00 AM to 3 PM
Sunday Closed

- CD**
 STAT
 VERBAL

X-Ray No appointment necessary
Ultrasound By appointment Only
Cardiac Testing By appointment Only
Please call 24 hours in advance if you need to change or cancel your appointment.
Please arrive 15 minutes before appointment.

X-RAY (NO APPOINTMENT REQUIRED)

CARDIAC TESTING (BY APPOINTMENT ONLY)

HEAD & NECK

- Skull
- Sinuses
- Soft Tissue of Neck
- Nasal Bones
- Facial Bones
- Mandible
- T.M. Joints
- Orbits (Pre MRI)

CHEST

- Chest (1 View immigration)
- Chest (PA & LAT)
- Ribs L R B
- (includes Chest PA)
- Sternum
- S.C. Joints

UPPER EXTREMITIES

- L R Shoulder
- L R Clavicle
- B A.C. Joints
- L R Scapula
- L R Humerus
- L R Elbow
- L R forearm
- L R Wrist
- L R Scaphoid
- L R Hand
- L R Finger N° 1 2 3 4 5

ABDOMEN

- Single View (KUB)
- Acute

SKELETAL SURVEY

- Metastatic Series
- Arthritic Series
- Metabolic Series
- Bone Age

LOWER EXTEMITIES

- L R B Hip
- L R B Femur
- L R B Knee
- L R B Tib & Fib
- L R B Ankle
- L R B Foot
- L R B Calcaneus
- L R B Toes - N° 1 2 3 4 5

SPINE & PELVIS

- Cervical Spine
- Thoracic Spine
- Lumbo-Sacral Spine
- L/S Spine, Pelvis & S.I. Joints
- Sacrum & Coccyx
- S.I. Joints
- AP Pelvis
- Pelvis & Hip L R B

Cardiologist on-site for consultation

- Cardiology Consult
- Echocardiogram
- Stress Echocardiogram
- Exercise Stress Test
- ECG-Electrocardiogram
- Holler Monitor
- 48 hrs 72 hrs

ULTRASOUND EXAMINATION (BY APPOINTMENT ONLY)

GENERAL

- Abdomen
- Renal +Bladder
- PVR-Post Void Rsidual
- Abdomen & Pelvis:
(Includes transvaginal unless contraindicated)
- Pelvis: (Includes tranvaginal unless contraindicated)
- Pelvis: (Exclude transvaginal)
- Male Pelvis
- Abdominal Wall
- Prostate-Transrectal
- Testicular / Scrotum
- Transvaginal
- Aorta
- Inguinal Canal/Hernia

NECK

- Thyroid Neck mass
- Salivary Glands

OBSTETRICAL

- OB Dating (<16wks)
- IPS (NT) (11-13 wks, 6days)
- OB Routine Anatomy Scan (18-20wks)
- Biophysical Profile (>30wks)
- OB High Risk
- OB Follow Up
- HYSTEROSONOGRAM**

MUSCULOSKELETAL

- L R B Hip
- L R B Hamstring
- L R B Knee
- L R B Achilles Tendon
- L R B Ankle
- L R B Foot
- L R B Shoulder
- L R B Elbow
- L R B Wrist
- L R B Other Muscle Area
- L R B Other Soft Tissue

CLINICAL INFORMATION REQUIRED;

I DECLARE THAT I M NOT PRESENTLY PREGNANT

SIGNATURE

DR'S OFFICE STAMP

MD: _____ CC: _____

Doctor, please print your name as well

PLEASE BRING YOUR VALID HEALTH CARD & THIS REQUEST FORM Last Patient Registration Half an Hour Before Closing
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

ULTRASOUND • X-RAY • CARDIAC TESTING

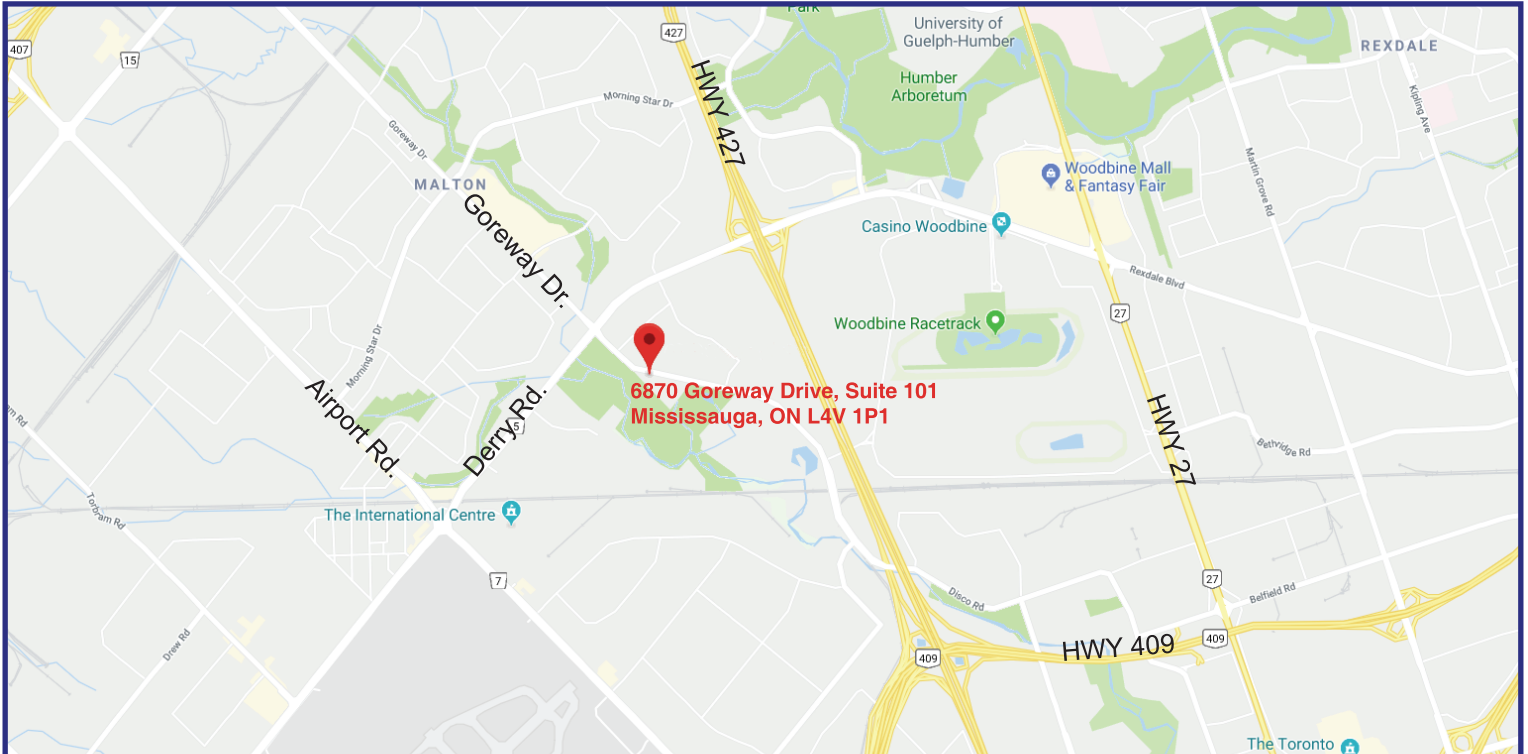
Appointment Date and Time

FOR 6870 GOREWAY DRIVE, UNIT 101 CALL: 905-673-1756

Cancellation should be made 24 hours before appointment

Date: _____

Time: _____



ULTRASOUND PREPARATIONS

ABDOMEN ULTRASOUND

- EAT FAT FREE DINNER THE NIGHT BEFORE YOUR APPOINTMENT
- NO DAIRY PRODUCTS OR FRIED FOODS
- NO CARBONATED DRINKS 12 HOURS BEFORE YOUR APPOINTMENT
- NOTHING TO EAT OR DRINK AFTER MIDNIGHT, THE NIGHT BEFORE
- DO NOT EAT BREAKFAST

PELVIS ULTRASOUND (ALL TYPES) / Kidney and Bladder

- DRINK 4-5 GLASSES OF WATER OR CLEAR FLUID (WATER, JUICE, BLACK COFFEE OR BLACK TEA) **TO BE FINISHED ONE HOUR BEFORE** YOUR APPOINTMENT TIME.
- DO NOT VOID - A FULL BLADDER IS NECESSARY FOR THE EXAMINATION
- NO FASTING NECESSARY

ABDOMEN AND PELVIS ULTRASOUND TOGETHER

- EAT A FAT FREE DINNER THE NIGHT BEFORE YOUR APPOINTMENT
- NO DAIRY PRODUCTS OR FRIED FOODS
- NOTHING TO EAT AFTER MIDNIGHT, THE NIGHT BEFORE
- DRINK 4-5 GLASSES OF WATER OR CLEAR FLUID (WATER, JUICE, BLACK COFFEE OR BLACK TEA) **TO BE FINISHED ONE HOUR BEFORE YOUR** APPOINTMENT TIME
- DO NOT VOID - A FULL BLADDER IS NECESSARY FOR THE EXAMINATION

NO PREPARATION IS REQUIRED FOR FOLLOWING

- SCROTAL/TESTICULAR ULTRASOUND
- THYROID ULTRASOUND
- MUSCULOSKELETAL ULTRASOUND (ANY TYPE)

OBSTETRICAL ULTRASOUND

- FOR LESS THAN 12 WEEKS DRINK 4-5 GLASSES OF WATER OR CLEAR FLUID (WATER JUICE, BLACK COFFEE OR BLACK TEA) **TO BE FINISHED ONE HOUR BEFORE** YOUR APPOINTMENT TIME YOU MUST EAT BREAKFAST/LUNCH.
- FOR 12-18 WEEKS/FOR OVER 18 WEEKS DRINK 2 GLASSES (OR 1 SMALL BOTTLE) OF CLEAR FLUID (WATER, JUICE, BLACK COFFEE OR BLACK TEA) **TO BE FINISHED ONE HOUR BEFORE** YOUR APPOINTMENT TIME YOU MUST EAT BREAKFAST/LUNCH.

NUCHAL TRANSLUCENCY - IPS

- DRINK 3 GLASSES OF WATER OR CLEAR FLUID (WATER, JUICE, BLACK COFFEE OR BLACK TEA) **TO BE FINISHED ONE HOUR BEFORE** YOUR APPOINTMENT TIME.
- YOU MUST BRING ALL THE PAPERS FROM YOUR DOCTOR (BLOOD WORK REQUISITION, I.P.S SCREENING PAPER, ETC.) WITH YOU FOR YOUR APPOINTMENT

PROSTATE TRANSRECTAL ULTRASOUND

- PURCHASE A **FLEET ENEMA** FROM THE PHARMACY AND FOLLOW THE INSTRUCTIONS IN THE PACKAGE
- SELF ADMINISTER THE ENEMA 2 HOURS BEFORE YOUR APPOINTMENT TIME
- DRINK 4-5 GLASSES OF WATER OR CLEAR FLUID (WATER, JUICE BLACK COFFEE OR BLACK TEA) **TO BE FINISHED ONE HOUR BEFORE** YOUR APPOINTMENT TIME.
- DO NOT VOID - FULL BLADDER IS NECESSARY FOR THE EXAMINATION