CLEAR MEDICAL IMAGING

GENERAL REQUISITION FORM

PLEASE ARRIVE 10 MINUTES EARLY FOR YOUR APPOINTMENT WITH YOUR HEALTH CARD & THIS FORM

PLEASE PROVIDE 24 HOURS ADVANCE NOTICE IF YOU ARE UNABLE TO KEEP THIS APPOINTMENT

PLEASE SEE REVERSE FOR PREPARATIONS OR VISIT WWW.CLEARIMAGING.CA FOR MORE INFORMATION

PATIENT INFORMATION

LAST NAME:_____ FIRST NAME:_____ DATE OF BIRTH: MM ____ DD ____ YYYY ____

PHONE NO._____ ADDRESS:_____

CLINICAL HX:_____ VERSION CODE ☐☐ PHYSICIAN'S NAME (PRINT):_____

CPSO NO._____ HEALTH CARD NO._____ PHYSICIAN'S SIGNATURE:_____

BILLING NO._____ APPOINTMENT DATE:_____ APPOINTMENT TIME:_____ ☐ STAT

NO APPOINTMENT REQUIRED

X-RAY

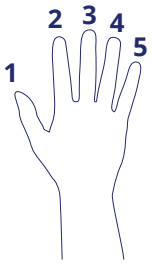
CHEST
- ☐ CHEST PA & LAT
- ☐ STERNUM
- ☐ SC JOINTS
- ☐ RIBS ☐ R ☐ L

ABDOMEN
- ☐ KUB/FLAT PLATE
- ☐ ACUTE (3 VIEWS)

SPINE & PELVIS
- ☐ CERVICAL SPINE
- ☐ THORACIC SPINE
- ☐ LUMBO - SACRAL
- ☐ SACRUM & COCCYX
- ☐ PELVIS
- ☐ PELVIS & HIPS ☐ R ☐ L
- ☐ SI JOINTS
- ☐ SCOLIOSIS SERIES

HEAD & NECK
- ☐ SKULL
- ☐ SINUSES
- ☐ FACIAL BONES
- ☐ NASAL BONES
- ☐ MANDIBLE
- ☐ TM JOINTS
- ☐ SOFT TISSUE NECK
- ☐ ORBITS (MRI / FB)
- ☐ ORBITS (TRAUMA)

UPPER EXTREMITIES
- ☐ R ☐ L SHOULDER
- ☐ R ☐ L CLAVICLE
- ☐ R ☐ L AC JOINTS
- ☐ R ☐ L SCAPULA
- ☐ R ☐ L HUMERUS
- ☐ R ☐ L ELBOW
- ☐ R ☐ L FOREARM
- ☐ R ☐ L WRIST
- ☐ R ☐ L HAND
- ☐ R ☐ L DIGITS
- ☐ R ☐ L WRIST & SCAPHOID
- ☐ BONE AGE



LOWER EXTREMITIES
- ☐ R ☐ L HIP
- ☐ R ☐ L FEMUR
- ☐ R ☐ L KNEE
- ☐ R ☐ L TIBIA & FIBULA
- ☐ R ☐ L ANKLE
- ☐ R ☐ L FOOT
- ☐ R ☐ L CALCANEUS
- ☐ R ☐ L TOES

LEG LENGTHS DONE BY APPOINTMENT ONLY AT OUR GILES LOCATION

FOR APPOINTMENT
BOOKING: 519-256-4914
TOLL FREE: 1-833-356-4914

APPOINTMENT REQUIRED FOR ALL EXAMS BELOW

ULTRASOUND

GENERAL
- ☐ ABDOMEN
  - ☐ PORTAL HYPERTENSION
  - ☐ HYPERTROPHIC PYLORIC STENOSIS
  - ☐ AAA SCREEN
  - ☐ R/O APPENDICITIS
- ☐ KIDNEY & BLADDER
- ☐ FEMALE PELVIS (INCLUDES TV)
  - ☐ NO TRANSVAGINAL
  - ☐ POST VOID RESIDUAL
- ☐ SONOHYSTEROGRAM
- ☐ MALE PELVIS
  - ☐ POST VOID RESIDUAL
- ☐ TRANSRECTAL PROSTATE

MUSCULOSKELETAL (R ☐ L ☐ B ☐)
- ☐ ROTATOR CUFF
- ☐ ELBOW
- ☐ WRIST
- ☐ HAND
- ☐ HIP
- ☐ KNEE
- ☐ ANKLE
- ☐ FOOT
- ☐ Other

(SPECIFY)_____

VASCULAR
- ☐ CAROTIDS
  - ☐ CIMT
- ☐ AORTA / ILIACS
- ☐ LOWER EXTREMITY R ☐ L ☐ B ☐
  - ☐ ARTERIAL
  - ☐ VENOUS TO R/O DVT
  - ☐ VENOUS INSUFFICIENCY
- ☐ UPPER EXTREMITY R ☐ L ☐ B ☐
  - ☐ ARTERIAL
  - ☐ VENOUS TO R/O DVT

SMALL PARTS
- ☐ THYROID
- ☐ SOFT TISSUE NECK (INCLUDES THYROID & SALIVARY GLANDS)
- ☐ SCROTUM (TESTICULAR)
- ☐ GROIN FOR INGUINAL & FEMORAL HERNIA R ☐ L ☐ B ☐
- ☐ ABDOMINAL WALL
- ☐ SUPERFICIAL MASS

LOCATION_____

- ☐ OTHER_____

OBSTETRICAL

LMP_____
- ☐ 1ST TRIMESTER (<11 WEEKS)
- ☐ EFTS / NT (11-14 WEEKS)
- ☐ ANATOMY SCAN (18-20 WEEKS)
- ☐ 2ND / 3RD TRIMESTER (NON ROUTINE)

INDICATION_____

- ☐ FOLLICULAR MONITORING

ECHOCARDIOGRAPHY
- ☐ 2D ECHO / COLOUR FLOW DOPPLER

INDICATION REQUIRED_____

G.I. EXAMS
(OUELLETTE AVE.)

☐ U.G.I. ☐ ESOPHAGRAM

BONE MINERAL DENSITOMETRY

☐ HIGH RISK ☐ ROUTINE

☐ 1568 OUELLETTE AVE. ☐ 13278 TECUMSEH RD., E., #10

BREAST IMAGING *DIGITAL

- ☐ MAMMOGRAPHY
- ☐ BREAST ULTRASOUND R ☐ L ☐ B ☐
- ☐ ROUTINE
- ☐ MAMMOGRAPHY - OBSP

REGION OF INTEREST

R ○ ○ L

☐ 1568 OUELLETTE AVE. ☐ 13278 TECUMSEH RD., E., #10

NUCLEAR MEDICINE
(TECUMSEH)
- ☐ NUCLEAR CARDIAC STRESS TEST
  - ☐ PERSANTINE
- ☐ BONE SCAN_____
- ☐ RENAL_____
- ☐ MYOCARDIAL WALL MOTION (MUGA) WITH EJECTION FRACTION

SPECIAL PROCEDURES
FAX REQUISITION: 519-979-5611
- ☐ THYROID BIOPSY (INCLUDES FACE/NECK ULTRASOUND)
- ☐ FNA OTHER
- ☐ JOINT INJECTION (INCLUDES LIMB ULTRASOUND)
- ☐ PAIN INJECTION
- ☐ SI JOINT INJECTION R ☐ L ☐ B ☐

SPECIFY TYPE & LOCATION BELOW_____

THIS REQUISITION FORM CAN BE TAKEN TO ANY LICENSED FACILITY PROVIDING HEALTHCARE SERVICES INCLUDING HOSPITALS & IHF'S, SUCH AS THOSE LISTED ON THE PROGRAM. HTTP://WWW.HEALTH.GOV.ON.CA/EN/PUBLIC/PROGRAMS/IHF/FACILITIES/ASPX

ULTRASOUND PREPARATIONS

ABDOMEN ULTRASOUND
FOLLOW THE FASTING PREPARATION

PELVIC OR PREGNANCY ULTRASOUND
FOLLOW THE FULL BLADDER PREPARATION

FOLLICULAR MONITORING
FOLLOW THE FULL BLADDER PREPARATION FOR THE FIRST APPOINTMENT OF EACH MONTHLY CYCLE

RENAL (KIDNEY) ULTRASOUND (INCLUDES BLADDER)
FOLLOW THE FULL BLADDER PREPARATION

SONOHYSTEROGRAM
FOLLOW THE FULL BLADDER PREPARATION

TRANSRECTAL PROSTATE ULTRASOUND
FOLLOW THE FULL BLADDER PREPARATION. TAKE A FLEET ENEMA 2-3 HOURS BEFORE YOUR APPOINTMENT TIME.

ABDOMEN & PELVIC ULTRASOUND (BOOK TOGETHER)
FOLLOW THE FASTING AND FULL BLADDER PREPARATION **(YOU CAN DRINK WATER)**

FASTING PREPARATION

AVOID EATING FATTY FOODS FOR 24 HOURS PRIOR TO YOUR APPOINTMENT TIME. DO NOT EAT OR DRINK ANYTHING FOR 6 HOURS PRIOR TO YOUR APPOINTMENT TIME.

FULL BLADDER PREPARATION

MALES DRINK 1 LITRE (4 CUPS OR 32 OZ.)

FEMALES DRINK 1.25 LITRE (5 CUPS OR 40 OZ.)

2 HOURS BEFORE YOUR APPOINTMENT TIME, START DRINKING THE REQUIRED AMOUNT OF WATER. FINISH DRINKING THE WATER 1 HOUR BEFORE YOUR APPOINTMENT TIME.

DO NOT EMPTY YOUR BLADDER BEFORE YOUR EXAMINATION.

PLEASE NOTE: IF YOUR BLADDER IS NOT FULL ON ARRIVAL, A WAIT OF 1-2 HOURS MAY BE REQUIRED OR YOU MAY HAVE TO RESCHEDULE.

G.I. PREPARATIONS

STOMACH & DUODENUM: (UPPER G.I. SERIES)
NOTHING TO EAT OR DRINK AFTER MIDNIGHT (NO BREAKFAST)

NUCLEAR CARDIAC STRESS TEST

CARDIAC EXAM IS DONE ON 2 SEPARATE DAYS. DAY 1 - REST PART & DAY 2 - STRESS PART.

PATIENTS MUST FAST FOR 4 HOURS PRIOR TO EACH TEST (DIABETICS SEE BELOW). EACH EXAM LASTS 2 HOURS.

PERSANTINE STRESS
DISCONTINUE THEOPHYLLINE DERIVATIVES 48 HOURS PRIOR TO THE TEST WITH THE DOCTOR'S APPROVAL.

DIABETICS
TAKE YOUR INSULIN/DIABETIC MEDICATION & A LIGHT MEAL 3 - 4 HOURS PRIOR TO THE TEST.

BONE SCAN

NO PREPARATIONS NEEDED

INITIALLY 20 MINUTES FOR AN INJECTION, THEN LEAVE & RETURN 3 - 4 HOURS LATER FOR PICTURES LASTING APPROXIMATELY 1 HOUR.

MAMMOGRAM

DIGITAL MAMMOGRAPHY
DO NOT APPLY ANY UNDERARM DEODORANT, BODY POWDERS OR LOTIONS BEFORE THE EXAM.

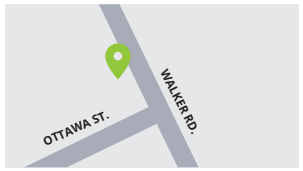
RECOMMENDATIONS FOR MAMMOGRAPHY
AGE 40 - 49 MAMMOGRAPHY EVERY 2 YRS.
AGE 50 - 74 OBSP MAMMOGRAPHY.

FREE PARKING AT ALL LOCATIONS

1568 OUELLETTE AVE., WINDSOR N8X 1K7
P. 519-256-4914 | F. 519-256-4358

X-RAY | BONE DENSITY | ULTRASOUND | FLUORO | MAMMOGRAPHY | ECHO

MON - THU: 7:00 AM - 8:00 PM
FRI: 7:00 AM - 5:00 PM **(X-RAY | ULTRASOUND)**
SAT: 8:00 AM - 5:00 PM **(ULTRASOUND)**
SAT: 8:00 AM - 1:00 PM **(X-RAY)**



1275 WALKER RD., UNIT 4, WINDSOR N8Y 4X9
P. 519-254-4948 | F. 519-254-4910

MON - FRI: 8:30 AM - 5:00 PM **(X-RAY)**

MON - FRI: 8:00 AM - 5:00 PM **(ULTRASOUND | ECHO)**

410 GILES BLVD., WINDSOR N9A 4L6
P. 519-945-1105

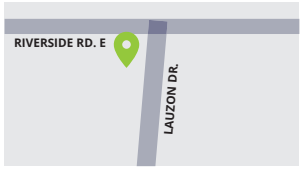
X-RAY

CALL FOR HOURS

2930 DOMINION BLVD., WINDSOR N9E 2M8
P. 519-944-4677 | F. 519-944-4677

X-RAY

MON - FRI: 8:30 AM - 4:30 PM



7875 RIVERSIDE DR. E., UNIT 103, WINDSOR N8S 1E1
P. 519-945-1105

X-RAY

MON - FRI: 9:00 AM - 5:00 PM

13278 TECUMSEH RD. E. SUITE 106 TECUMSEH N8N 3T6
(INSIDE TMC BUILDING)
P. 519-739-3301 | F. 519-739-9708

X-RAY | ULTRASOUND | ECHO

MON - THU: 7:00 AM - 8:00 PM
FRI: 7:00 AM - 6:00 PM
SAT: 8:00 AM - 5:00 PM
SUN: 9:00 AM - 2:00 PM

13278 TECUMSEH RD. E. SUITE 10, TECUMSEH N8N 3T6
(FRONT BUILDING TMC)
P. 519-979-0111 | F. 519-979-5611

BONE DENSITY | ULTRASOUND | PAIN MANAGEMENT | NUCLEAR MEDICINE | MAMMOGRAPHY

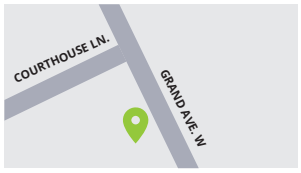
MON - FRI: 8:00 AM - 5:00 PM

186 TALBOT ST. S., ESSEX N8M 1B6
P. 519-776-4998 | F. 519-776-4998

X-RAY | ULTRASOUND

MON - FRI: 8:30 AM - 4:30 PM

MON - FRI: 8:00 AM - 5:00 PM **(ULTRASOUND)**



445 GRAND AVE. WEST CHATHAM N7L 1C5
P. 519-351-0166 | F. 519-358-1477

X-RAY | ULTRASOUND

MON - FRI: 8:30 AM - 4:30 PM **(X-RAY)**

MON - FRI: 8:00 AM - 5:00 PM **(ULTRASOUND)**