

**PATIENT INFORMATION**

LAST NAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_

PHONE NO. \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HEALTH CARD NO. \_\_\_\_\_

VERSION CODE

DATE OF BIRTH: MM \_\_\_\_ DD \_\_\_\_ YYYY \_\_\_\_

**PROVIDER INFORMATION**

PROVIDER NAME (PRINT): \_\_\_\_\_

PROVIDER SIGNATURE: \_\_\_\_\_

CC: \_\_\_\_\_ BILLING NO. \_\_\_\_\_

CLINICAL HX: \_\_\_\_\_

APPOINTMENT DATE: \_\_\_\_\_

APPOINTMENT TIME: \_\_\_\_\_

STAT

**NO APPOINTMENT REQUIRED**

**X-RAY**

**CHEST**

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

**SPINE & PELVIS**

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

**ABDOMEN**

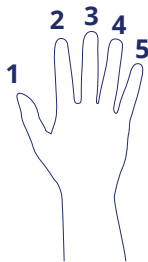
- KUB/FLAT PLATE
- ACUTE (3 VIEWS)

**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**

**GENERAL REQUISITION FORM**

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

PLEASE SEE REVERSE FOR PREPARATIONS OR VISIT [WWW.CLEARIMAGING.CA](http://WWW.CLEARIMAGING.CA) FOR MORE INFORMATION

**APPOINTMENT REQUIRED FOR ALL EXAMS BELOW**

**ULTRASOUND**

**MUSCULOSKELETAL**

- ROTATOR CUFF  R  L  B
- ELBOW  R  L  B
- WRIST  R  L  B
- HAND  R  L  B
- HIP  R  L  B
- KNEE  R  L  B
- ANKLE  R  L  B
- FOOT  R  L  B
- Other  R  L  B

(SPECIFY) \_\_\_\_\_

**VASCULAR**

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

**OBSTETRICAL**

LMP \_\_\_\_\_

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

INDICATION \_\_\_\_\_

- FOLLICULAR MONITORING

**ECHOCARDIOGRAPHY**

- 2D ECHO / COLOUR FLOW DOPPLER

INDICATION REQUIRED \_\_\_\_\_

**GENERAL**

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

**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 \_\_\_\_\_

**G.I. EXAMS**

(OUELLETTE AVE.)

- U.G.I.
- ESOPHAGRAM

**BONE MINERAL DENSITOMETRY**

- HIGH RISK  1568 OUELLETTE AVE.
- ROUTINE  13278 TECUMSEH RD., E., #10

**BREAST IMAGING \*DIGITAL**

\* REGION OF INTEREST

- MAMMOGRAPHY - ROUTINE
- MAMMOGRAPHY - DIAGNOSTIC \*
- MAMMOGRAPHY - OBSP

- BREAST ULTRASOUND  R  L  B

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)
- JOINT INJECTION (INCLUDES LIMB ULTRASOUND)
- PAIN INJECTION  R  L  B
- SI JOINT INJECTION  R  L  B
- FNA OTHER
- ASPIRATION

CLINICAL HISTORY \_\_\_\_\_

# FOR APPOINTMENT BOOKING, PLEASE CALL 519-256-4914 OR FAX 519-256-3221

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](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

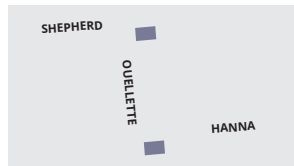
INITIALLY 20 MINUTES FOR AN INJECTION, THEN LEAVE & RETURN 3 - 4 HOURS LATER FOR PICTURES LASTING APPROXIMATELY 1 HOUR.

## MAMMOGRAM

### DIGITAL MAMMOGRAPHY

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

## FREE PARKING AT ALL LOCATIONS



**1568 OUELLETTE AVE., WINDSOR N8X 1K7**

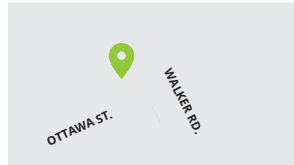
X-RAY | BONE DENSITY | ULTRASOUND | FLUORO | MAMMOGRAPHY | ECHO

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)

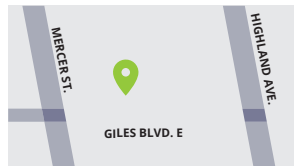
SAT: 8:00 AM - 1:00 PM (X-RAY)



**1275 WALKER RD., UNIT 4, WINDSOR N8Y 4X9**

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

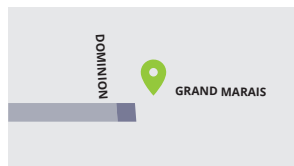
MON - FRI: 8:00 AM - 5:00 PM (ULTRASOUND | ECHO)



**410 GILES BLVD., WINDSOR N9A 4L6**

X-RAY

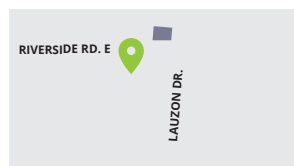
CALL FOR HOURS



**2930 DOMINION BLVD., WINDSOR N9E 2M8**

X-RAY

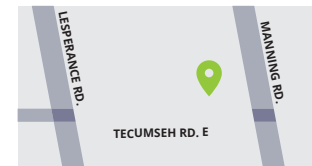
MON - FRI: 8:30 AM - 4:30 PM



**7875 RIVERSIDE DR. E., UNIT 103, WINDSOR N8S 1E1**

X-RAY

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



**13278 TECUMSEH RD. E. SUITE 106 TECUMSEH N8N 3T6 (INSIDE TMC BUILDING)**

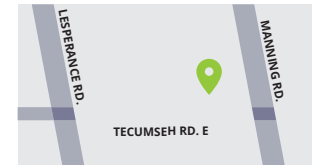
X-RAY | ULTRASOUND | ECHO

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)**

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

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

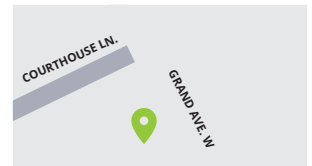


**186 TALBOT ST. S., ESSEX N8M 1B6**

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**

X-RAY | ULTRASOUND

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

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



**TO REACH ANY LOCATION PLEASE CALL 519-256-4914**