

TORONTO QUEENSWAY ULTRASOUND & X-RAY DIAGNOSTICS LTD.

PLEASE BRING REQUISITION FORM AND HEALTH CARD



OPEN 7 DAYS & EVENINGS

PATIENT'S LAST NAME		FIRST NAME	DATE OF BIRTH		SEX
			D M Y	☐ M ☐ F	
ADDRESS		TOWN/CITY	POSTAL CODE		
HEALTH INSURANCE NUMBER		TELEPHONE			
		V C			
REFERRING PHYSICIAN	OFFICE #	APPOINTMENT			
C.C. DR.	FAX	DATE		TIME	

523 The Queensway, Unit 2
Etobicoke, Ontario M8Y 1J7
Fax: 416-252-2220
Tel.: 416-252-2225
info@torontoqdiagnostics.com

OFFICE HOURS

Mon.-Fri. 9am-4pm / Tues. 9am-8pm
Sat. 9am-4pm
Please call to confirm / Subject to change



FREE PARKING

X-RAY - No Appointment

ABDOMEN

- ☐ Single
- ☐ Acute (3 Views)
- ☐ Kub

HEAD & NECK

- ☐ Single
- ☐ Skull
- ☐ Sella Turcica
- ☐ Sinuses
- ☐ Facial Bones
- ☐ Nose
- ☐ Mandible
- ☐ T.M. Joints
- ☐ Mastoids
- ☐ Adenoids
- ☐ IA Meati
- ☐ Orbits (MRI)
- ☐ Other _____
- ☐ Other _____

SKELETAL SURVEY

- ☐ Arthritic
- ☐ Metastatic
- ☐ Bone Age

SPINE & PELVIS

- ☐ Cervical Spine
- ☐ Thoracic Spine
- ☐ Lumbar (L/S) Spine
- ☐ Sacrum/Coccyx
- ☐ S.I. Joints
- ☐ Pelvis
- ☐ Pelvis & Hips
- ☐ Scoliosis

CHEST

- ☐ Chest PA & LAT
- ☐ Chest PA - Immigration
- ☐ Rib R(R) L(L) B(B)
- ☐ Sterno - Clavicular Jts.
- ☐ Sternum

UPPER EXTREMITIES

L R

- ☐ ☐ Clavicle
- ☐ ☐ A.C. Joints
- ☐ ☐ Shoulder
- ☐ ☐ Scapula
- ☐ ☐ Humerus
- ☐ ☐ Elbow
- ☐ ☐ Forearm
- ☐ ☐ Wrist
- ☐ ☐ Scaphoid
- ☐ ☐ Hand
- ☐ ☐ Digit 1 2 3 4 5
- ☐ ☐ Other _____

LOWER EXTREMITIES

L R

- ☐ ☐ Hip
- ☐ ☐ Femur
- ☐ ☐ Knee
- ☐ ☐ Tib & Fib
- ☐ ☐ Ankle
- ☐ ☐ Foot
- ☐ ☐ Toe 1 2 3 4 5
- ☐ ☐ Os Calsis
- ☐ ☐ Other _____

Tech

Tech Factor

I DECLARE I AM NOT PREGNANT

ULTRASOUND - Call for Appointment (416) 252-2225

ABDOMEN

- ☐ Complete
- ☐ Limited
- ☐ Hernia
- ☐ Groin

PELVIC

- ☐ Pelvic (female)
 - ☐ Transvaginal
- ☐ Pelvic (male)
 - ☐ Prostate
 - ☐ Transrectal
- ☐ Pre & Post void volume

PREGNANCY

- ☐ OB Dating (< 16 WKS)
- ☐ OB Routine (18 -20 WKS)
- ☐ OB Routine (> 20 WKS)
- ☐ IPS
- ☐ eFTS
- ☐ BIO physical profile

CARDIOLOGY

- ☐ 2D ECHOCARDIOGRAPHY
- ☐ EVENT MONITOR
 - ☐ 7 Day ☐ 14 Days
- ☐ HOLTER MONITOR
 - ☐ 24 Hours ☐ 48 Hours
 - ☐ 72 Hours ☐ 14 Days
- ☐ Electrocardiogram
- ☐ BLOOD PRESSURE
 - ☐ 24 Hours ☐ 48 Hours

SMALL PARTS

- ☐ Thyroid
- ☐ Neck
- ☐ Lump _____
- ☐ Back
- ☐ Testes/Scrotum
- ☐ Other _____

BREAST

- ☐ L ☐ R ☐ B
- ☐ Other _____
- ☐ Other _____

MUSCULOSKELETAL

L R

- ☐ ☐ Shoulder
- ☐ ☐ A.C. Joints
- ☐ ☐ Elbow
- ☐ ☐ Forearm
- ☐ ☐ Wrist
- ☐ ☐ Hand
- ☐ ☐ Hip
- ☐ ☐ Leg
- ☐ ☐ Knee
- ☐ ☐ Ankle
- ☐ ☐ Achilles
- ☐ ☐ Foot
- ☐ ☐ Other _____

PATIENT INSTRUCTIONS AND MAP ON BACK

PREFERRED BOOKING TIME: ☐ M ☐ T ☐ W ☐ TH ☐ F ☐ S ☐ S ☐ 9AM-1PM ☐ 1PM- 5PM ☐ 5PM-8PM

Clinical History _____ ☐ Stat

Reason for Test _____ ☐ Verbal

DOCTOR'S SIGNATURE _____ BILLING # _____ DATE _____

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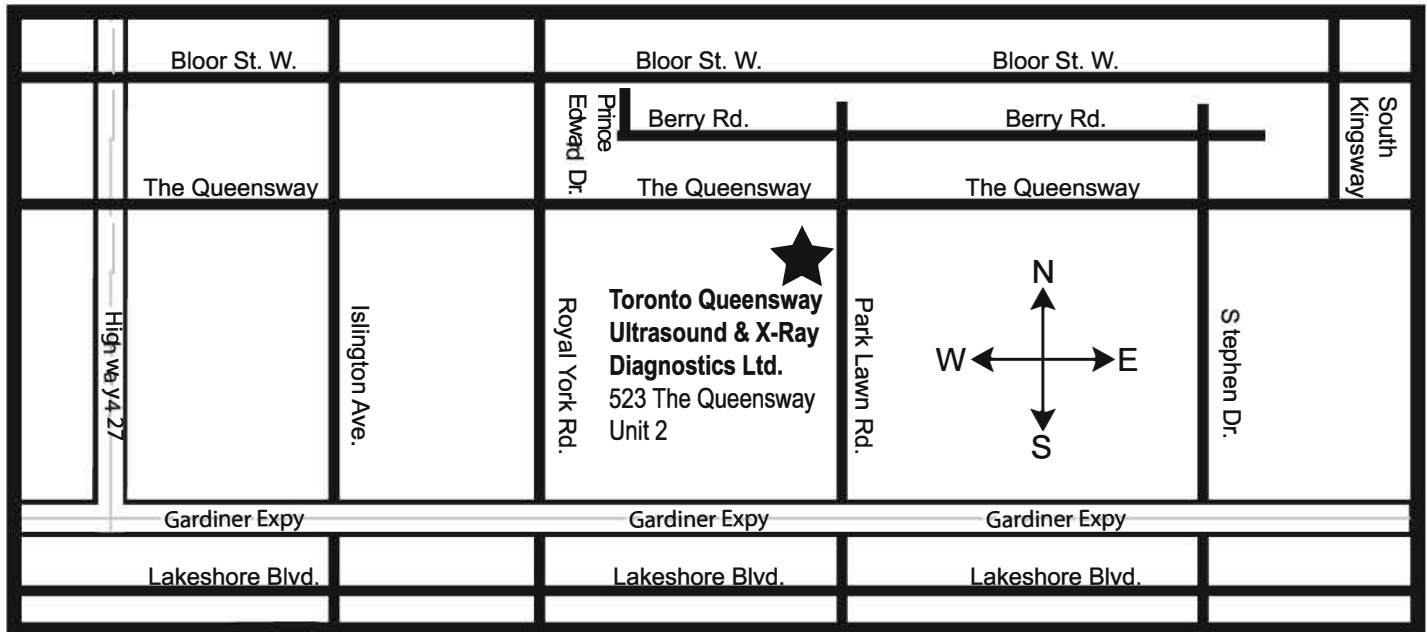
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ULTRASOUND PREPARATION



ABDOMEN:

Do not eat or drink 8 hours before examination.

NOTE: For afternoon or evening appointment have a light breakfast (toast, tea or coffee)

No Dairy Products.



OBSTETRICAL or PELVIS:

Drink 5 large glasses of water (35 - 40 oz) 1 hour before your examination. **Do not urinate.**



ABDOMEN and PELVIS examinations combined:

Do not eat or drink for 8 hours and drink 5 cups of water 1 hour before your examination.

DO NOT URINATE.



PROSTATE - Transabdominal:

Same as pelvic above



TRANSRECTAL - Purchase Rectal Fleet Enema from the Pharmacy.

- Take Enema 3 hours before examination

- Drink 5 glasses of water 1 hour before examination.

- **Do not urinate**

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