

Patient's Last Name:		First Name:		Physician's Name & Signature:	
Health Card Number	Version Code	Date of Birth	Sex:		
		day month year			
Telephone Number:	Patients Address			Copy to:	
( ) -					

APPOINTMENT DATE: \_\_\_\_\_ APPOINTMENT TIME: \_\_\_\_\_  
**CLINICAL INFORMATION**

## ULTRASOUND

- ABDOMEN (COMPLETE)  LIMITED ABDOMEN \_\_\_\_\_ (GB, LIVER, RENAL ETC.)
- FEMALE PELVIC (TRANSABDOMINAL)  TRANSVAGINAL  LTD PELVIC (BLADDER ONLY)
- MALE PELVIC (PRE + POST VOID)  TRANSRECTAL (TRUS)
- OBSTETRICAL** DLNMP \_\_\_\_\_
- OB 1ST TRIMESTER  OB 2ND / 3RD TRIMESTER  BPP
- IPS1  OB LIMITED  HIGH RISK
- SMALL PARTS**
- TESTIS  SALIVARY GLANDS  FACE
- THYROID  NECK  BREAST
- OTHER \_\_\_\_\_

## VASCULAR

- CAROTID ARTERIES
- VENOUS LOWER EXTREMITY R L BOTH
- VENOUS UPPER EXTREMITY R L BOTH
- VEIN MAPPING EXTREMITY (VARICOSE) BOTH
- ARTERIAL LOWER EXTREMITY R L BOTH
- OTHER \_\_\_\_\_

## MUSCULO-SKELETAL

- SHOULDER R L BOTH
- ELBOW R L BOTH
- WRIST/HAND R L BOTH
- KNEE R L BOTH
- ACHILLES TENDON R L BOTH
- OTHER \_\_\_\_\_
- LUMP \_\_\_\_\_

The patient has a right to use this requisition at any licensed imaging facility (CHF).

- STAT  VERBAL  ORMDI TO BOOK APPOINTMENT DIRECTLY WITH PATIENT

## NUCLEAR MEDICINE

- BONE SCAN**  WHOLE BODY  SINGLE SITE
- GALLIUM SCAN**  WHOLE BODY  SINGLE SITE
- HEPATOBIILIARY SCAN**
- BILIARY SCAN (HIDA)
- LIVER - RBC SPECT (RE: HEMANGIOMA)
- LIVER - SULFUR COLLOID SPECT (RE: FOCAL NODULAR HYPERPLASIA)
- LUNG SCAN (V/Q)
- PARATHYROID SCAN
- RENAL SCAN  LASIX RENAL SCAN (? UPJ OBSTRUCTION)
- SALIVARY SCAN
- THYROID SCAN**
- 24 HR UPTAKE + SCAN  SCAN ONLY

ORMDI USE ONLY  
STAFF NOTES:

\_\_\_\_\_

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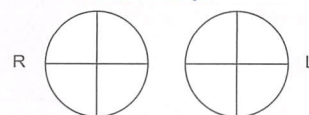
## X-RAY (WALK-IN ONLY)

- CHEST**
- CHEST PA & LAT
- STERNUM
- SC JOINTS
- RIBS & CHEST PA  R  L  BOTH
- CHEST IMMIGRATION (PA)
- ABDOMEN**
- KUB
- ACUTE (2 VIEWS)
- ACUTE (3 VIEWS)
- SPINE & PELVIS**
- CERVICAL SPINE
- THORACIC SPINE
- LUMBO-SACRAL (LS)
- SACRUM & COCCYX
- S-I JOINTS
- PELVIS
- PELVIS & HIPS
- SKELETAL SURVEY**
- ARTHRITIC
- METASTATIC
- BONE AGE
- SKELETAL SURVEY FOR PAGETS
- OTHER \_\_\_\_\_
- HEAD & NECK**
- ORBITS
- SKULL
- SINUSES
- FACIAL BONES
- NASAL BONES
- PITUITARY FOSSA
- MANDIBLE
- T.M. JOINTS
- ADENOIDS/ SOFT TISSUE NECK
- MASTOIDS
- UPPER EXTREMITIES**
- SHOULDER R L BOTH
- CLAVICLE R L BOTH
- AC JOINTS R L BOTH
- SCAPULA R L BOTH
- HUMERUS R L BOTH
- ELBOW R L BOTH
- FOREARM R L BOTH
- WRIST R L BOTH
- SCAPHOID R L BOTH
- HAND R L BOTH
- DIGITS R L BOTH
- NO. T 2 3 4 5
- LOWER EXTREMITIES**
- HIP R L BOTH
- FEMUR R L BOTH
- KNEE R L BOTH
- TIBIA & FIBULA R L BOTH
- ANKLE R L BOTH
- FOOT R L BOTH
- CALCANEUS R L BOTH
- TOES R L BOTH
- NO. 1 2 3 4 5

## WOMEN'S HEALTH

### BREAST IMAGING

- BREAST ULTRASOUND [Targetted region only, please indicate area(s)].



REGION OF INTEREST \_\_\_\_\_

- MAMMOGRAPHY

IMPLANTS  ROUTINE  OTHER (SPECIFY) \_\_\_\_\_

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### OSTEOPOROSIS

- BONE MINERAL DENSITY (DEXA: HIP & SPINE)**

Baseline	Once in a lifetime
1 <sup>st</sup> Low Risk	3 years after Baseline
Follow up Low Risk	5 Years after 2 <sup>nd</sup> Test Low Risk
Follow up High Risk	Can be requested annually

Ministry guidelines limit frequency of testing.  
Drs: Please provide patient copy of previous report(s) for booking and attending test.

- INFERTILITY (ULTRASOUND) DLNMP \_\_\_\_\_**

- PELVIC SCAN
- FOLLICULAR MONITORING
- OVARIAN VOLUME
- TRANSVAGINAL SCAN
- ENDOMETRIAL THICKNESS
- OTHER \_\_\_\_\_

## CARDIAC TESTING

- ECHOCARDIOGRAM (WITH COLOUR DOPPLER)
- Chest Pain  SOB/Dyspnea/CHF
- Syncope  CAD/ Post MI
- R/O Endocarditis  Pericardial Disease
- Aortic Disease  Stroke/Cardiac Mass
- Pumonary Hypertension  HTN  Abnormal ECG
- Murmur/Valvular Abnormalities
- Arrhythmia/Palpitations/Atrial Flib
- AMBULATORY BLOOD PRESSURE MONITOR
- HOLTER MONITOR
- 24HRS  48HRS  14 DAY
- ECG - ELECTROCARDIOGRAM
- EXERCISE STRESS TEST (NON-NUCLEAR)

## NUCLEAR CARDIOLOGY

- \*EXERCISE PERFUSION IMAGING (SESTAMIBI)
  - \*PERSANTINE PERFUSION IMAGING (SESTAMIBI)
  - \*RESTING RADIONUCLIDE VENTRICULOGRAM (MUGA)
  - THALLIUM, REST AND REDISTRIBUTION (RE: VIABILITY)
- \*INCLUDES EJECTION FRACTION DETERMINATION