



Name	D.O.B.	Sex M F	Health No. & V.C.
Address			Tel. No.

BONE DENSITY (NO APPOINTMENT NEEDED/BASED ON AVAILABILITY) *max weight limit: 300lbs.

- | | | |
|--------------------------------------|---|--|
| <input type="checkbox"/> CD | <input type="checkbox"/> Baseline | <input type="checkbox"/> Low Risk - 5yr |
| <input type="checkbox"/> STAT | <input type="checkbox"/> 3yr-First followup | <input type="checkbox"/> High Risk - 1yr |

X-RAY (NO APPOINTMENT REQUIRED) *max weight limit: 285lbs.

ABDOMEN

- ☐ Single view (KUB)
☐ Acute (Includes PA & Chest)

HEAD & NECK

- ☐ Skull
☐ Sinuses
☐ Soft Tissue of Neck
☐ Nasal Bones
☐ Facial Bones
☐ Mandible
☐ T.M. Joints
☐ Orbits ☐ R ☐ L

CHEST

- ☐ Chest (PA & LAT)
☐ Ribs ☐ R ☐ L ☐ B
(Includes PA & Chest)
☐ Sternum
☐ S.C. Joints

UPPER EXTREMITIES

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

SKELETAL SURVEY

- ☐ Metastatic Series
☐ Arthritic Series
☐ Metabolic Series

LOWER EXTREMITIES

- ☐ R ☐ L Hip
☐ R ☐ L Femur
☐ R ☐ L Knee
☐ R ☐ L Tib & Fib
☐ R ☐ L Ankle
☐ R ☐ L Foot
☐ R ☐ L Heel
☐ R ☐ L 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 ☐ R ☐ L ☐ B

BREAST IMAGING (BY APPOINTMENT ONLY)

- ☐ **MAMMOGRAPHY**
☐ **BREAST ULTRASOUND** ☐ Right ☐ Left ☐ Bilateral



CLINICAL INFORMATION REQUIRED:

**Note: 24-hour notice is required to cancel an appointment
or a \$50 charge will be billed to the patient.**

ULTRASOUND EXAMINATIONS (BY APPOINTMENT ONLY)

GENERAL

- ☐ Breast Ultrasound ☐ R ☐ L ☐ B
☐ Abdomen
☐ Renal + Bladder
☐ PVR-Post Void Residual
☐ Abdomen & Pelvis
(Includes transvaginal unless contraindicated)
☐ Pelvis:
(includes transvaginal unless contraindicated)
☐ Male Pelvis:
☐ Abdominal Wall
☐ Prostate-Transrectal
☐ Testicular / Scrotum
☐ Transvaginal
☐ Aortinguinal
☐ Groin/Hernia ☐ R ☐ L

NECK

- ☐ Thyroid ☐ Neck mass
☐ Salivary Glands

OBSTETRICAL

- ☐ OB Dating (<16wks)
☐ IPS (NT) (11-13 wks, 6 days)
☐ OB Routine Anatomy Scan (18-20wks)
☐ Bio physical Profile (>30 Weeks)
☐ OB High Risk
☐ OB Follow Up

MUSCULOSKELETAL

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

DR's OFFICE STAMP

I DECLARE THAT I AM NOT PRESENTLY PREGNANT

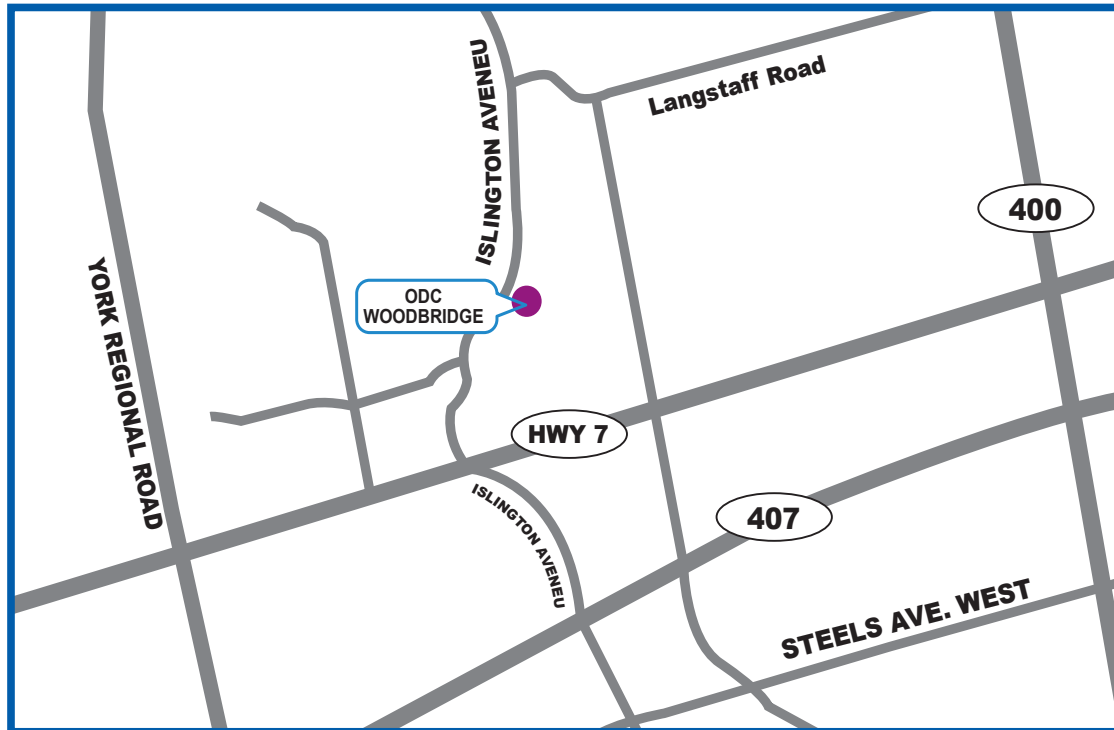
MD: _____
CC: _____
Date: _____

DR's OFFICE STAMP

SIGNATURE

• X-RAY • ULTRASOUND • BMD • BARIUM STUDIES • MAMOGRAPHY

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ODC-WOODBRIDGE

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905-856-7061

Fax: 905-856-7062

odcwoodbridge@gmail.com

CLINIC HOURS

Mon-Fri: 8:00 AM to 4:00 PM

Saturday: 8:00 AM to 2:00 PM

**FREE
PARKING**



WHEELCHAIR
ACCESIBLE

ULTRASOUND PREPARATIONS

ABDOMEN ULTRASOUND

- EAT A 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)

- DRINK 4-5 GLASSES OF WATER OR CLEAR FLUID (WATER, JUICE, BLACK COFFEE OR BLACK TEA) **TO BE FINISH 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 **TO BE FINISH 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 FINISH 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 FINISH 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 FINISH 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 FINISH ONE HOUR BEFORE** YOUR APPOINTMENT TIME.
- DO NOT VOID – A FULL BLADDER IS NECESSARY FOR THE EXAMINATION

ALL BARIUM STUDIES

- NOTHING TO EAT OR DRINK 12 HOURS PRIOR TO THE TEST

GENERAL INSTRUCTIONS

1. Please advise us if you are diabetic
 2. Come to your appointment with an interpreter, if required
 3. Young children must be accompanied by an adult
- Visit our web site – www.ontdc.com - for more information

**OHIP REQUIRES THAT YOU BRING YOUR
CURRENT HEALTH CARD AND THIS
REQUISITION, SIGNED BY YOUR PHYSICIAN**

