



Canadian Association of Radiologists
L'Association canadienne des radiologistes



DURHAM RADIOLOGY ASSOCIATES

The Radiologists of Lakeridge Health Corporation

www.durhamradiology.ca

booking@drad.ca



QR - Visit Us

PATIENT INFORMATION

Last Name _____ First Name _____
 Birthdate / / OHIP - - VC
dd mm yyyy xxx xxx xxx
 Address _____
 City _____ Postal Code _____
 Phone _____ Sex M F

APPOINTMENT INFORMATION

Date: / / Time: am/pm
dd mm yyyy

Please bring HEALTHCARD and this REQUISITION

Arrive **10 minutes** before appointment time. Patients who arrive late for their appointment may be rebooked. **Call 24 hours** in advance if you need to change your appointment, or you may be charged for the missed appointment.

Ajax Bowmanville

Locations Listed on Back:

CLINICAL INFORMATION

STAT REPORT REQUIRED

VERBAL Contact Number _____

X-RAY (NO APPOINTMENT)

ABDOMEN

- Plain Film (KUB)
 Acute (3 Views)

HEAD

- Skull
 Adenoids
 Soft Tissue Neck
 Facial Bones
 Nasal Bones
 Mandible
 TM Joints
 Orbits (pre MRI)

CHEST

- Chest PA & Lateral
 Ribs & Chest PA
 Sternum
 S.C. Joints

SPINE AND PELVIS

- Cervical Spine
 Thoracic Spine
 Lumbo-Sacral Spine
 Sacrum and Coccyx
 SI Joints
 Pelvis
 Scoliosis Series

LOWER EXTREMITIES

- Hip
 Femur
 Knee
 Tibia and Fibula
 Ankle
 Foot
 Heel
 Toe

UPPER EXTREMITIES

- Shoulder
 Clavicle
 AC Joints
 Scapula
 Humerus
 Elbow
 Forearm
 Wrist
 Scaphoid
 Hand
 Digit



OTHER

- Hands for Bone Age
 Skeletal Survey

ULTRASOUND (BY APPOINTMENT)

GENERAL

- Abdomen
 Abdomen Wall
 Kidney & Bladder
 Groin
 Female Pelvis (Inc. Transvaginal)
 no Transvaginal
 Male Pelvis
 with Kidneys
 Scrotum/Testes
 Soft Tissue Lumps & Bumps

THYROID AND NECK

- Thyroid
 Neck (Inc. Parotid/Submandibular)

OBSTETRIC

- Dating (6-10 weeks)
 NT/IPS (11-14 weeks)
 Anatomy (20 weeks)
 BPP (26 weeks +)

HERNIA

- Inguinal
 Peri Umbilical

MUSCULOSKELETAL

- Shoulder
 Elbow
 Wrist
 Plantar Fascia
 Knee (No ACL/PCL & Menisci)
 Ankle
 Achilles

VASCULAR STUDIES

- Leg For DVT
 Bilateral Carotid Arteries
 Bilateral Leg Arteries

OTHER

- Other (Please Specify)

XRAY PREGNANCY RELEASE

I declare, to the best of my knowledge that I am NOT presently pregnant

Signature of Patient _____

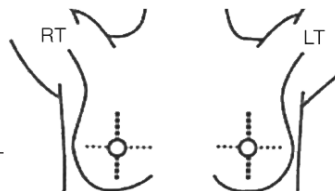
TECH: _____
 IMAGES: _____ PB

BREAST IMAGING (AJAX ONLY-BY APPOINTMENT)

- Screening Mammogram Right Left Bilat
 Diagnostic Mammogram Right Left Bilat
 Breast Ultrasound Right Left Bilat
 Breast Implants? Yes No
 Previous Imaging Yes No

Location _____

Please Bring previous Report and Images



Please indicate location and size of lesion

BONE MINERAL DENSITY (BOWMANVILLE ONLY-BY APPOINTMENT)

- Baseline (Once per Lifetime) Prior BMD Date: _____
 High Risk Annual
 Low Risk (3 years after baseline, subsequent studies after 5 years) / /
dd mm yyyy

Risk Category*: _____

*See www.health.on.gov.ca for BMD risk and MOH billing information.



REFERRING PHYSICIAN

Name _____
 Address: _____
 MD Signature: _____
 Copies of Report To: _____

Phone: _____
 Fax: _____
 OHIP Billing Number: _____

Please see the back for locations and exam preparation and patient's instructions.

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

PLEASE BRING REQUISITION TO APPOINTMENT

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LOCATIONS

AJAX CLINIC

BAYWOOD X-RAY AND ULTRASOUND (UXMV) (OBSP)

95 Bayly Street West, Suite 101

Ajax, Ontario L1S 7K8

PH: 905.428.0444

FAX: 905.428.8870



Wheelchair Accessible

BOWMANVILLE CLINIC

BOWMANVILLE X-RAY AND ULTRASOUND (UXBV)

222 King Street West, Suite 1101

Bowmanville, Ontario L1C 1P6

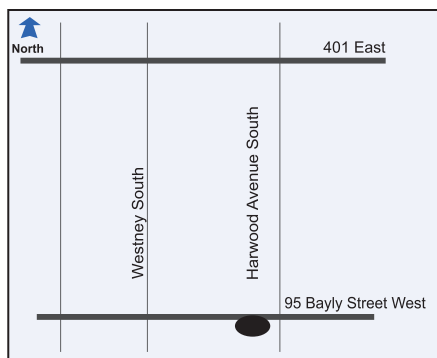
PH: 905.623.4512

FAX: 905.623.8414



Wheelchair Accessible

(U) Ultrasound (X) X-ray (M) Mammogram (OBSP) Ontario Breast Screening Program (B) Bone Mineral Density (V) Vascular Ultrasound



AJAX



BOWMANVILLE

ULTRASOUND EXAM PREPARATION AND INSTRUCTIONS

ABDOMEN

- **Morning Appointments:** Nothing to eat or drink after midnight.
- **Afternoon Appointments:** Light fat free meal (black coffee or tea, juice, dry toast but NO CREAM OR MILK). Nothing to eat or drink after 9:00 am.

PELVIS MALE AND FEMALE

- Drink 5 large glasses (40oz./1/2 litres) of water 1.5 hours before exam. NO MILK.
- Finish drinking 1 hour before exam. **DO NOT EMPTY YOUR BLADDER.**

ABDOMEN AND PELVIS COMBINED

- **Morning Appointments:** Nothing to eat or drink except water after midnight.
- **Afternoon Appointments:** Light fat free meal (black coffee or tea, juice, dry toast but NO CREAM OR MILK). Nothing to eat or drink after 9:00 am.
- Drink 5 large glasses (40oz./1/2 litres) of water 1.5 hours before exam. NO MILK.
- Finish drinking 1 hour before exam. **DO NOT EMPTY YOUR BLADDER.**

OBSTETRIC

- Drink 5 large glasses (40oz./1/2 litres) of water 1.5 hours before exam. NO MILK.
- Finish drinking 1 hour before exam. **DO NOT EMPTY YOUR BLADDER.**

MAMMOGRAM

- Do not use powders, cream, or deodorant in chest area and underarm.
- **Please bring previous mammograms if you had exams at other facility.**
- Comparison to previous study significantly improves interpretation and reduces need for extra views.
- Do not be alarmed if additional views or ultrasound is necessary at the time of your visit or by call back.

BONE MINERAL DENSITY

- Wear loose clothing. No buttons, zippers, or underwire.
- **On the day of the examination do not take Calcium.**
- **Please bring all medications or list of medications you are taking.**

**FOR ALL EXAMS TAKE REGULAR MEDICATIONS WITH SIP OF WATER.
PLEASE BRING YOUR VALID HEALTHCARD AND THIS REQUISITION.**

- Please arrive 10 minutes prior to your appointment for registration. Late arrivals may require rebooking. Missed appointments will be subject to a \$50 fee. 24-hour cancellation notice is required.
- Patients arriving late or not properly prepared may have to re-book.

Visit us online at www.durhamradiology.ca

