DURHAM RADIOLOGY ASSOCIATES

The Radiologists of Lakeridge Health Corporation

www.durhamradiology.ca

booking@drad.ca

ontario breast screening program — a cancer care ontario program

Canadian Association of Radiologists / L'Association canadienne des radiologistes

QR - Visit Us

PATIENT INFORMATION

Last Name _____ First Name _____

Birthdate ____/____/____ (dd / mm / yyyy) OHIP ____ - ____ - ____ ____ (XXX XXX XXX VC)

Address _____

City _____ Postal Code _____

Phone _____ Sex M☐ F☐

APPOINTMENT INFORMATION

Date: ____/____/____ (dd / mm / yyyy) Time: _____ am/pm

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)

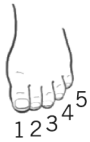
ABDOMEN
- ☐ Plain Film (KUB)
- ☐ Acute (3 Views)

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

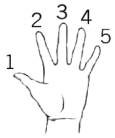
CHEST
- ☐ Chest PA & Lateral
- ☐ Ribs R L & Chest PA
- ☐ Sternum
- ☐ S.C. Joints

SPINE AND PELVIS
- ☐ Cervical Spine
- ☐ Thoracic Spine
- ☐ Lumbo-Sacral Spine
- ☐ Sacrum and Coccyx
- ☐ SI Joints
- ☐ Pelvis
- ☐ Scoliosis Series

LOWER EXTREMITIES
- R L Hip
- R L Femur
- R L Knee
- R L Tibia and Fibula
- R L Ankle
- R L Foot
- R L Heel
- R L Toe 1 2 3 4 5



UPPER EXTREMITIES
- R L Shoulder
- R L Clavicle
- ☐ AC Joints
- R L Scapula
- R L Humerus
- R L Elbow
- R L Forearm
- R L Wrist
- R L Scaphold
- R L Hand
- R L Digit 1 2 3 4 5



OTHER
- ☐ Hands for Bone Age
- ☐ Skeletal Survey

XRAY PREGNANCY RELEASE

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

_____ *Signature of Patient*

TECH: _____

IMAGES: _____ PB☐

ULTRASOUND (BY APPOINTMENT)

GENERAL
- ☐ Abdomen
- ☐ Abdomen Wall
- ☐ Kidney & Bladder
- ☐ Groin R L
- ☐ 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
- R L Inguinal
- ☐ Peri Umbilical

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

VASCULAR STUDIES
- ☐ AAA Screening
- R L Leg For DVT
- ☐ Bilateral Carotid Arteries
- ☐ Bilateral Leg Arteries

OTHER
- ☐ Other (Please Specify)

_____

BREAST IMAGING (AJAX ONLY-BY APPOINTMENT)

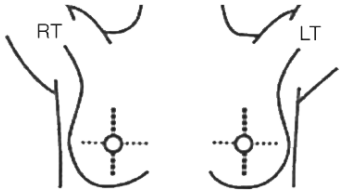
- ☐ Screening Mammogram ☐ Right ☐ Left ☐ Bilat
- ☐ Diagnostic Mammogram ☐ Right ☐ Left ☐ Bilat
- ☐ Breast Ultrasound ☐ Right ☐ Left ☐ Bilat

☐ 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.*

CBMD

REFERRING PHYSICIAN

Name _____ Phone: _____

Address: _____ Fax: _____

MD Signature: _____ OHIP Billing Number: _____

Copies of Report To: _____

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.gov.on.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

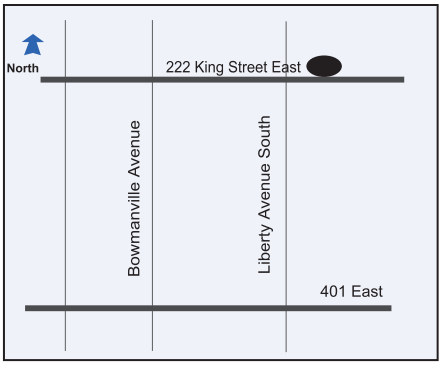
BOWMANVILLE CLINIC

BOWMANVILLE X-RAY AND ULTRASOUND **(UXBV)**
222 King Street East, 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

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.gov.on.ca/en/public/programs/ihf/facilities.aspx