DIAGNOSTIC StL IMAGING

Burlington Professional Centre
3155 Harvester Rd., Suite 310
Burlington, ON L7N 3V2
Tel: (905) 637-6608
Fax: (905) 637-1155
www.stlimaging.ca

APPOINTMENT DATE	TIME

PATIENT INFORMATION

PATIENT'S LAST NAME	PATIENT'S FIRST NAME	SEX (F / M)

HEALTH NUMBER	VERSION	DATE OF BIRTH (DD / MM / YYYY)

ADDRESS	PHONE NO.

X-RAY

- ☐ CHEST
- ☐ RIBS L R
- ☐ CERVICAL SPINE
- ☐ THORACIC SPINE
- ☐ LUMBAR SPINE
- ☐ SACRUM / COCCYX
- ☐ SI JOINTS
- ☐ PELVIS & HIPS L R
- ☐ ABDOMEN-VIEWS 1 ☐ 3 ☐
- ☐ SKULL
- ☐ FACIAL BONES
- ☐ NASAL BONES
- ☐ ORBITS
- ☐ MANDIBLE
- ☐ CLAVICLE L R
- ☐ SCAPULA L R
- ☐ SHOULDER L R
- ☐ AC JOINTS L R
- ☐ HUMERUS L R
- ☐ ELBOW L R
- ☐ FOREARM L R
- ☐ WRIST L R
- ☐ HAND L R
- ☐ _____ FINGERS L R
- ☐ FEMUR L R
- ☐ KNEE L R
- ☐ TIB-FIB L R
- ☐ ANKLE L R
- ☐ FOOT L R
- ☐ _____ TOE L R
- ☐ OTHER _____

ULTRASOUND (For preparation see over)

- ☐ ABDOMEN
- ☐ PELVIS
- ☐ TRANSVAGINAL
- ☐ SCROTUM
- ☐ GROIN (Hernia)
- ☐ THYROID
- ☐ NECK
- ☐ SALIVARY GLAND
  Site _____
- ☐ BREAST L R

DOPPLER

- ☐ CAROTID
- ☐ PERIPHERAL VENOUS LEGS L R
- ☐ PERIPHERAL VENOUS ARMS L R
- ☐ PERIPHERAL ARTERIAL LEGS L R
- ☐ OTHER _____

MUSKULOSKELETAL

- ☐ SHOULDER L R
- ☐ KNEE L R
- ☐ WRIST L R
- ☐ ELBOW L R
- ☐ ANKLE L R
- ☐ HAND L R
- ☐ LUMP / MASS

SITE _____

OBSTETRICAL

- ☐ NUCHAL TRANSLUCENCY (eFTS)
- ☐ 1ST TRIMESTER (Dating)
- ☐ ANATOMICAL SURVEY
- ☐ 3RD TRIMESTER

* CLINICAL INFORMATION * *THIS SECTION MUST BE COMPLETED IN FULL BEFORE EXAMINATION.*

REASON FOR EXAMINATION (RELEVANT HISTORY):

REQUISITIONING MEDICAL PRACTIONER / RNEC & OHIP NO.	PHONE NO.

PHYSICIAN'S / RNEC'S SIGNATURE	DATE	DAY	MO	YEAR
X				

STL_BURLINGTON

FORM A

ULTRASOUND PREPARATION

Abdomen

- Nothing to eat or drink after midnight
- No breakfast
- Take usual medication with a small amount of water

Abdomen and Pelvis

- Nothing to eat or drink after midnight
- A full bladder is required: drink 1L (four 8 oz glasses) of water one hour before the examination
- Do not void until the sonographer instructs you to do so
- Take usual medication with water

Pelvis, Obstetrical and Prostate

- A full bladder is required: drink 1L (four 8 oz glasses) of water one hour before the examination
- Do not void until the sonographer instructs you to do so
- May include a Transvaginal Exam as required

StL Diagnostic Imaging
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This requisition form can be taken to any licensed facility providing health care services including hospital and ICHSCs, such as those listed on the Integrated Community Health Services Centres Program website: www.ontario.ca/page/community-surgical-and-diagnostic-centres