

955 Queen Street East, Suite 50
 Sault Ste. Marie, ON P6A 2C3
 Tel: 705-759-1144 | Fax: 705-759-5978

Healthcare Provider Type: GP Specialist NP Chiropractor Physiotherapist Other: _____

Check if Applicable: URGENT

PATIENT INFORMATION (Paste Patient Label, if Available)

Patient Full Name: _____
 Address: _____
 City: _____ Prov.: _____ Postal Code: _____
 Cell Phone: _____ Alt. Phone: _____
 Date of Birth: _____ Health Card #: _____
 Gender: _____ Height (cm): _____ Weight (kg): _____
 Clinical Information/Indications: _____

BONE MINERAL DENSITY

Baseline Study Follow Up High Risk Routine

STAMP OFFICE LABEL (IF AVAILABLE)

Referring Physician: _____ (Print Name) _____ (Signature)
 Billing Provider #: _____ CPSO #: _____
 Fax #: _____
 Date: _____
 Copy to: _____
 Report Delivery Preference: Fax HRM Other: _____

ULTRASOUND

GENERAL ULTRASOUND

- Abdomen + Pelvic Limited
- Abdomen + Pelvic + Transvaginal
- Abdomen
- Renal
- Bladder

PELVIS

- Female Pelvis
 - Transvaginal
- Male Pelvis
 - Prostate/Transrectal

OBSTETRICAL

- Dating (< 16 weeks)
- NT 11 - 14 weeks (IPS/eFTS)
- Anatomic 18 - 20 weeks
- Dual Scan Series (NT scan 11-14 weeks + Anatomical 18-20 weeks)
- Fetal growth follow-up
- Biophysical Profile (BPP)
- Twin Series (> 18 weeks)
- Follicular Studies

SMALL PARTS

- Face
- Thyroid and Neck
- Neck
- Breast R L
- Chest
- Groin R L
- Inguinal Canal R L
- Testes/Scrotum
- Soft Tissue/Lump

MUSCULOSKELETAL

- R L**
- Rotator Cuff
 - Elbow
 - Wrist
 - Hip
 - Hamstring
 - Knee
 - Popliteal Fossa
 - Ankle
 - Achilles Tendon
 - Plantar Fascia
 - Other: _____

VASCULAR

- R L**
- Carotid
 - Renal Arteries
 - Portal Venous Doppler
 - Venous - Lower Extremity (DVT)
 - Venous - Upper Extremity (DVT)
 - Arterial - Lower Extremity (ABI)
 - Arterial - Upper Extremity
 - Aorta: _____

OTHER: _____

X-RAY (WALK-INS ACCEPTED)

ABDOMINAL

- Single/KUB
- Acute (includes PA chest)

CHEST

- Chest PA & LAT
- Ribs R L
- Sternum
- Chest Visa

HEAD & NECK

- Soft Tissue Neck
- Skull
- Sinuses
- Facial Bones
- Nose
- Mandible
- Orbits
- T.M. Joints
- Adenoids
- Mastoids

LOWER EXTREMITIES

- R L**
- Hip
 - Femur
 - Knee
 - Tib. & Fib.
 - Ankle
 - Foot
 - Heel
 - Toe: 1 2 3 4 5

SPINE & PELVIS

- Cervical Spine
- Thoracic Spine
- Lumbar (L/S) Spine
- Sacrum/Coccyx
- S.I. Joints
- Pelvis
- Scoliosis Series

UPPER EXTREMITIES

- R L**
- Shoulder
 - Clavicle
 - Sternoclavicular joints
 - A.C. Joint
 - Scapula
 - Humerus
 - Elbow
 - Forearm
 - Wrist
 - Scaphoid
 - Hand
 - Finger: 1 2 3 4 5



LEG LENGTHS

- SKELETAL SURVEY
 - Bone Age

OTHER: _____

Please see the back of this form for location and details.

Now you can take a picture of this form and TEXT it to MyHealth Centre: 647-694-7800

Please note, all diagnostic tests require a scheduled appointment, except for X-ray (walk-ins accepted).

Now you can take a picture of this form and TEXT it to MyHealth Centre: 647-694-7800

ULTRASOUND

ABDOMEN

No eating or drinking (smoking or chewing gum) 8 hours prior to appointment.

ABDOMEN / PELVIS

No eating or drinking 8 hours prior to appointment EXCEPT that you must drink 34 oz or 1 litre of water FINISHED 1 hour prior to appointment.

Do not empty bladder before examination.

OBSTETRICS / PELVIS

Drink 34 oz or 1 litre of water FINISHED 1 hour prior to appointment.

Do not empty bladder before examination.

PROSTATE (TRANSRECTAL)

Fleet enema 2 hours prior to the examination (kit may be purchased at your pharmacy). Drink 20 oz of water FINISHED 1 hour prior to appointment.

OTHER

No preparation required for the following exams: Thyroid, Breast, Scrotum, Extremity and Vascular Ultrasound.

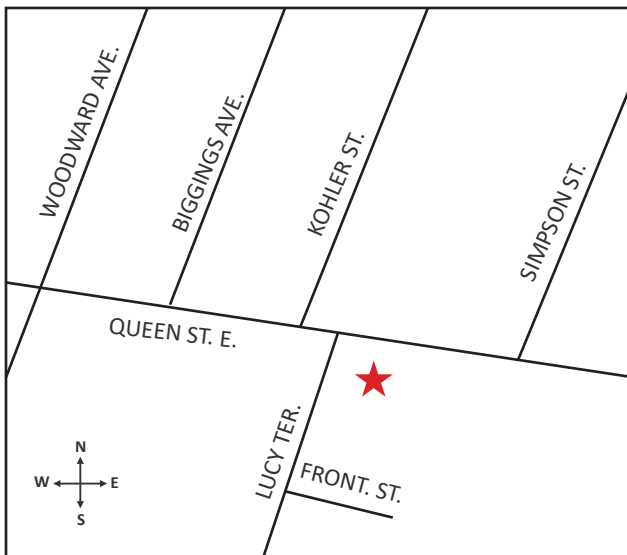
BONE MINERAL DENSITY

Do not take calcium/vitamin supplements 24 hours prior to exam.

If you have had a nuclear medicine dye injection or a barium study within 2 weeks, please reschedule your BMD test.

Patients are asked to wear clothing without zippers or metal attachments.

PLEASE DO NOT WEAR ANY SCENTED PRODUCTS



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For test preparations in 15+ languages, please visit MyHealthCentre.ca/Locations or call 416-223-5460



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