

The Doctor's Building  
955 Queen Street East, Suite 50  
Sault Ste. Marie, ON P6A 2C3  
T: 705-759-1144 | F: 705-759-5978 | E: ssm\_queen@myhealthcentre.ca

**PATIENT INFORMATION (AFFIX LABEL IF AVAILABLE)**

Check if Applicable: ☐ **URGENT**

Patient Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov.: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Health Card #: \_\_\_\_\_

Gender: \_\_\_\_\_ Height (cm): \_\_\_\_\_ Weight (kg): \_\_\_\_\_

Reason for Referral: \_\_\_\_\_

**BONE MINERAL DENSITY**
☐ Baseline Study ☐ Follow Up ☐ High Risk ☐ Routine

**X-RAY (WALK-IN SERVICE)**
**ABDOMINAL**

- ☐ Single/KUB
- ☐ Acute (includes PA chest)

**CHEST**

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

**HEAD & NECK**

- ☐ Soft Tissue Neck
- ☐ Skull
- ☐ Sinuses (Not insured by OHIP)
- ☐ 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:** \_\_\_\_\_

**ULTRASOUND**
**GENERAL ULTRASOUND**

- ☐ Abdomen + Pelvis  
(Incl. reproductive organs)
- ☐ Abdomen (Incl. limited bladder  
+ lower quadrants, no reproductive organs)
- ☐ Kidneys
- ☐ Bladder
- ☐ Other: \_\_\_\_\_

**PELVIS**

- ☐ Female Pelvis (Incl. Transvaginal)
- ☐ Male Pelvis (Excl. Transrectal)
- ☐ Prostate (Incl. Transrectal)

**OBSTETRICAL**

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

**SMALL PARTS**

- ☐ Face
- ☐ Thyroid and Neck
- ☐ Neck
- ☐ Female Breast ○ R ○ L
- ☐ Male Breast - Bilateral
- ☐ 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**
- ☐ Venous - Lower Extremity (DVT)
- ☐ Venous - Upper Extremity (DVT)
- ☐ Arterial - Lower Extremity (ABI)
- ☐ Arterial - Upper Extremity
- ☐ Carotid
- ☐ Renal Arteries
- ☐ Portal Venous Doppler
- ☐ Aorta: \_\_\_\_\_

☐ **OTHER:** \_\_\_\_\_

**REFERRING PHYSICIAN INFORMATION (STAMP LABEL IF AVAILABLE)**

Referring Physician: \_\_\_\_\_ (Print Name) \_\_\_\_\_ (Signature)

Billing Provider #: \_\_\_\_\_ CPSO #: \_\_\_\_\_

Tel #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Date: \_\_\_\_\_ Copy To: \_\_\_\_\_

Report Delivery Preference: ☐ Fax ☐ HRM ☐ Other: \_\_\_\_\_

All our services require a scheduled appointment, except X-ray, which is provided on a walk-in basis.  
For the latest clinic information, or to chat live and book your appointment online, please visit **MyHealthCentre.ca**.

## ULTRASOUND

**ABDOMEN:** No eating or drinking (smoking or chewing gum) for 8 hours before your appointment.

**PELVIC:** You must completely drink 34 oz (or 1 litre) of water 1 hour before your appointment. **Do not empty your bladder before the examination.**

**ABDOMEN & PELVIC:** No eating or drinking for 8 hours before your appointment. HOWEVER, you must completely drink 34 oz (or 1 litre) of water 1 hour before your appointment. **Do not empty your bladder before the examination.**

**OBSTETRIC:** You must completely drink 34 oz (or 1 litre) of water 30 minutes before your appointment. **Do not empty your bladder before the examination.**

**PROSTATE (TRANSRECTAL):** Use a Fleet enema 2 hours before the examination (kit may be purchased at your pharmacy). You must completely drink 34 oz (or 1 litre) of water 1 hour before your appointment.

**RENAL:** No eating or drinking for 3 hours before your appointment.

**RENAL & BLADDER:** No eating or drinking for 2 hours before your appointment. Start drinking 34 oz (or 1 litre) of water 1.5 hours before your appointment and finish it 1 hour before your appointment. **Do not empty your bladder before the examination.**

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

## ULTRASOUND (CHILDREN AGES 0-17 YEARS)

### ABDOMEN:

- **Under 2 Years:** No eating or drinking (except water) for 2 hours before your appointment.
- **Ages 2-4 Years:** No eating or drinking (except water) for 4 hours before your appointment.
- **Ages 5-12 Years:** No eating or drinking (except water) for 6 hours before your appointment.

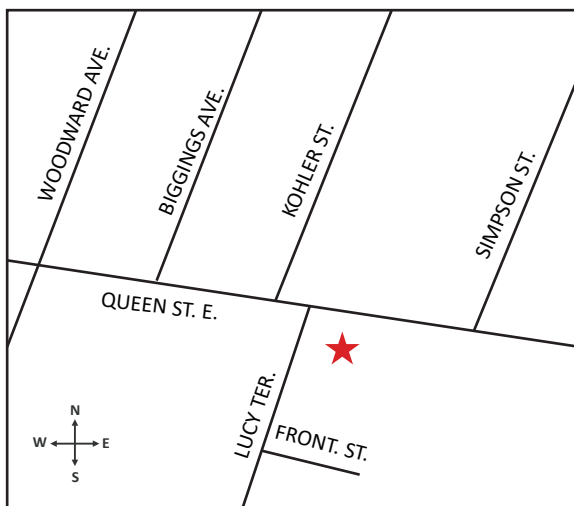
### PELVIC:

- **Under 3 Years:** Drink clear fluid without bubbles (such as water, apple juice, etc.).
- **Ages 3-6 Years:** Drink 16 oz. (2 cups) of water 30 minutes before your appointment.
- **Ages 7-11 Years:** Drink 24 oz. (3 cups) of water 45 minutes before your appointment.
- **Ages 12-17 Years:** Drink 32 oz. (4 cups) of water 1 hour before your appointment.

## 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 Northern Health Travel Grant: [www.health.gov.on.ca/en/public/publications/ohip/northern.aspx](http://www.health.gov.on.ca/en/public/publications/ohip/northern.aspx)

This requisition form can be submitted to any licensed healthcare facility, including hospitals and IHFs, such as those listed here: [www.health.gov.on.ca](http://www.health.gov.on.ca)

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