MyHealth | CENTRE

REQUEST FOR EXAMINATION – SAULT STE. MARIE

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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

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

LOWER EXTREMITIES

R L
- ☐ ☐ Hip
- ☐ ☐ Femur
- ☐ ☐ Knee
- ☐ ☐ Tib. & Fib.
- ☐ ☐ Ankle
- ☐ ☐ Foot
- ☐ ☐ Calcaneus
- ☐ ☐ 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: _____

*Baseline abdominal ultrasound may be performed

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

OBSTETRICAL

EDC (Required): _____
- ☐ Dating (< 16 weeks)
- ☐ Prenatal Screening (IPS/eFTS 11-14 weeks)
- ☐ Anatomy (18-20 weeks)
- ☐ Dual Scan Series (NT scan 11-14 weeks + Anatomical 18-20 weeks)
- ☐ Fetal Growth (30+ weeks)
  - ○ BPP ○ UA Doppler ○ MCA Doppler
- ☐ Biophysical Profile (BPP)
- ☐ Twin Series (> 18 weeks)
- ☐ Follicular Study

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:** _____

**Venous - Upper Extremity (DVT)

**This is not an approved cancer screening tool (CCO). Mammogram/OBSP is recommended.

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: _____

Please see the back of this form for test preparation instructions, or visit MyHealthCentre.ca

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ACCREDITATION CANADA

CANADA'S BEST MANAGED COMPANIES

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REPORT ON BUSINESS

All our services require a scheduled appointment, except X-ray, which is provided on a walk-in basis.
Please contact us within 24 hours if you need to reschedule or cancel your appointment.
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 you 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.

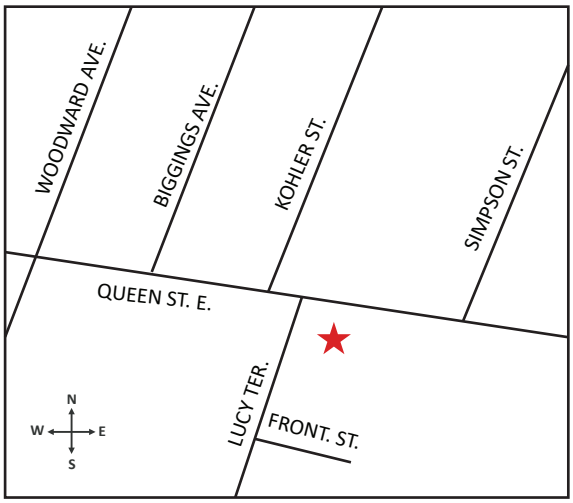
ULTRASOUND (CHILDREN AGES 0-17 YEARS)

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

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