MyHealth | CENTRE

REQUEST FOR EXAMINATION – SAULT STE. MARIE

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

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
☐	☐	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
- ☐ 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:** _____

**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

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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.
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.

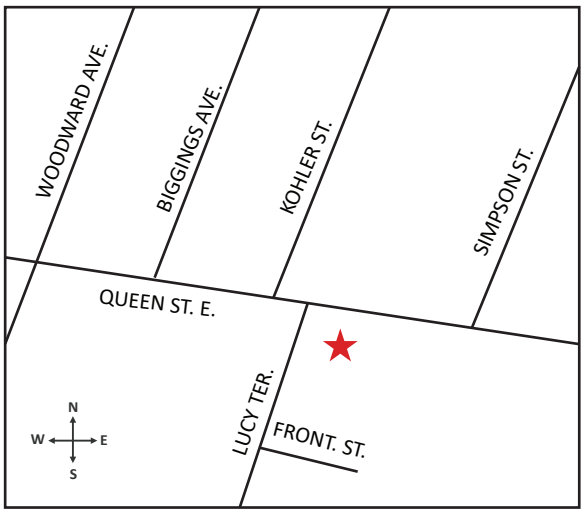
ULTRASOUND (CHILDREN AGES 0-17 YEARS)

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