

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: _____

ULTRASOUND

GENERAL ULTRASOUND

Abdomen + Pelvis (Incl. reproductive organs)

Abdomen (Incl. limited bladder + lower quadrants, no reproductive organs)

Kidneys*

Bladder

Hernia (specify site): _____

Other: _____

*Baseline abdominal ultrasound may be performed

PELVIS

Female Pelvis (Incl. Transvaginal)

Male Pelvis (Excl. 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

Salivary Glands

Thyroid

Chest

Groin R L

Inguinal Canal R L

Testes/Scrotum

Soft Tissue/Lump (specify site): _____

MUSCULOSKELETAL

R L

Shoulder

Elbow

Wrist

Hip

Hamstring

Knee

Ankle/Achilles Tendon/Plantar Fascia (**circle one**)

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: _____

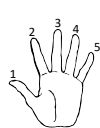
OTHER: _____

BONE MINERAL DENSITY

Baseline Follow Up

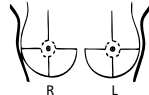
X-RAY (WALK-IN SERVICE)

<p>ABDOMINAL</p> <p><input type="checkbox"/> Single/KUB</p> <p><input type="checkbox"/> Acute (includes PA chest)</p> <p>CHEST</p> <p><input type="checkbox"/> Chest PA & LAT</p> <p><input type="checkbox"/> Ribs <input type="radio"/> R <input type="radio"/> L</p> <p><input type="checkbox"/> Sternum</p> <p><input type="checkbox"/> Chest Visa</p> <p>HEAD & NECK</p> <p><input type="checkbox"/> Soft Tissue Neck</p> <p><input type="checkbox"/> Skull</p> <p><input type="checkbox"/> Sinuses (Not insured by OHIP)</p> <p><input type="checkbox"/> Facial Bones</p> <p><input type="checkbox"/> Nose</p> <p><input type="checkbox"/> Mandible</p> <p><input type="checkbox"/> Orbits</p> <p><input type="checkbox"/> T.M. Joints</p> <p><input type="checkbox"/> Adenoids</p>	<p>LOWER EXTREMITIES</p> <p>R L</p> <p><input type="checkbox"/> Hip</p> <p><input type="checkbox"/> Femur</p> <p><input type="checkbox"/> Knee</p> <p><input type="checkbox"/> Tib. & Fib.</p> <p><input type="checkbox"/> Ankle</p> <p><input type="checkbox"/> Foot</p> <p><input type="checkbox"/> Calcaneus</p> <p><input type="checkbox"/> Toe: 1 2 3 4 5</p> <p>SPINE & PELVIS</p> <p><input type="checkbox"/> Cervical Spine</p> <p><input type="checkbox"/> Thoracic Spine</p> <p><input type="checkbox"/> Lumbar (L/S) Spine</p> <p><input type="checkbox"/> Sacrum/Coccyx</p> <p><input type="checkbox"/> S.I. Joints</p> <p><input type="checkbox"/> Pelvis</p> <p><input type="checkbox"/> Scoliosis Series</p>	<p>UPPER EXTREMITIES</p> <p>R L</p> <p><input type="checkbox"/> Shoulder</p> <p><input type="checkbox"/> Clavicle</p> <p><input type="checkbox"/> Sternoclavicular joints</p> <p><input type="checkbox"/> A.C. Joint</p> <p><input type="checkbox"/> Scapula</p> <p><input type="checkbox"/> Humerus</p> <p><input type="checkbox"/> Elbow</p> <p><input type="checkbox"/> Forearm</p> <p><input type="checkbox"/> Wrist</p> <p><input type="checkbox"/> Scaphoid</p> <p><input type="checkbox"/> Hand</p> <p><input type="checkbox"/> Finger: 1 2 3 4 5</p> <p>OTHER</p> <p><input type="checkbox"/> Leg Lengths</p> <p><input type="checkbox"/> Skeletal Survey</p> <p><input type="checkbox"/> Bone Age</p> <p><input type="checkbox"/> Indicate: _____</p>
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BREAST ULTRASOUND

Targeted Breast Ultrasound* R L (indicate quadrant on diagram)

*Breast ultrasound is not used for screening purposes. 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: _____

Access your patient radiology reports at MyHealthCentre.ca/Access

All our services require a scheduled appointment, except X-ray, which is provided on a walk-in basis.
Please provide 24 hours' notice if you need to reschedule your appointment to avoid a no-show fee.
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.**

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.

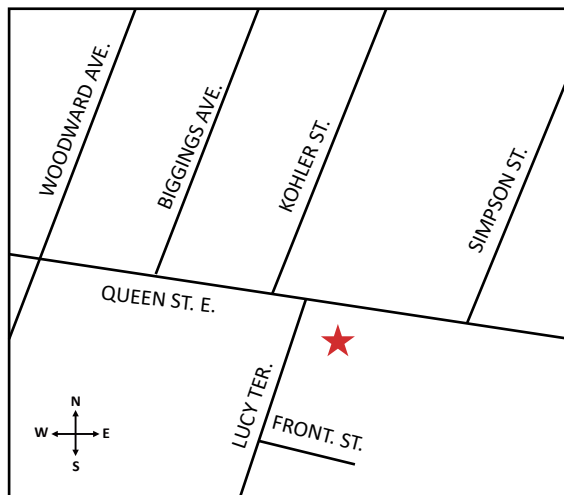
PELVIC:

- **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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- ✓ Location services, hours and directions
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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

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