

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

Full Name (Birth): \_\_\_\_\_

Preferred Full Name (If Different from Birth): \_\_\_\_\_

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

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

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

Date of Birth: \_\_\_\_\_

Health Card #: \_\_\_\_\_ Version: \_\_\_\_\_

Gender (Birth): \_\_\_\_\_ Preferred Gender (If Different from Birth): \_\_\_\_\_

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

**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: \_\_\_\_\_

CARDIOLOGY CONSULTATION

First Available

Consult if Test Result is Positive/Abnormal

**Please Attach:** Medications, Previous Tests, Family & Social History

CARDIOLOGY

12-Lead Electrocardiogram (Rest ECG)

Holter Monitoring

24 hrs  48 hrs  72 hrs

Other: \_\_\_\_\_

Echocardiogram (Colour Doppler)

Chest pain suspicious of CAD

CHF  Syncope

Hypertension  Palpitations/arrhythmias

Murmur  Other: \_\_\_\_\_

SMALL PARTS

Salivary Glands

Thyroid

Chest

Groin  R  L

Inguinal Canal  R  L

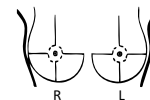
Testes/Scrotum

Soft Tissue/Lump (specify site): \_\_\_\_\_

BREAST ULTRASOUND

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

\*Breast ultrasound is not used for screening purposes. Mammogram/OBSP is recommended.



BONE MINERAL DENSITY

Baseline  Follow Up

X-RAY (WALK-IN SERVICE)

<p><b>ABDOMINAL</b></p> <p><input type="checkbox"/> Single/KUB</p> <p><input type="checkbox"/> Acute (includes PA chest)</p> <p><b>CHEST</b></p> <p><input type="checkbox"/> Chest PA &amp; LAT</p> <p><input type="checkbox"/> Ribs <input type="radio"/> OR <input type="radio"/> OL</p> <p><input type="checkbox"/> Sternum</p> <p><input type="checkbox"/> Chest Visa</p> <p><b>HEAD &amp; NECK</b></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><b>LOWER EXTREMITIES</b></p> <p><b>R L</b></p> <p><input type="checkbox"/> Hip</p> <p><input type="checkbox"/> Femur</p> <p><input type="checkbox"/> Knee</p> <p><input type="checkbox"/> Tib. &amp; 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><b>SPINE &amp; PELVIS</b></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><b>UPPER EXTREMITIES</b></p> <p><b>R L</b></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><b>OTHER</b></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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REFERRING HEALTHCARE PROVIDER (STAMP LABEL IF AVAILABLE)

Referring Provider: \_\_\_\_\_ (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](http://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.

## 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.**

## 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.

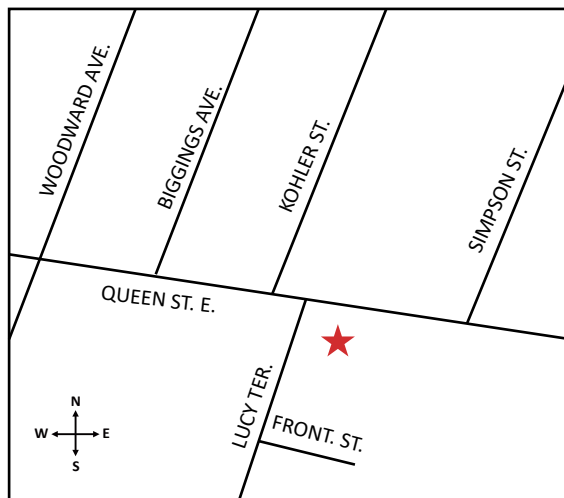
## CARDIOLOGY CONSULTATION

Please have a list of all your current medications with you before your appointment.

## CARDIOLOGY

**ECHOCARDIOGRAPHY:** A cool sensation may be felt on the skin from the gel on the transducer, and a slight pressure of the transducer may be felt on your chest.

**HOLTER MONITORING:** Please do not put any cream/lotion on your chest. Wear loose, comfortable clothing. Bring a list of all your current medications. Please note: a shower/bath is not permitted during the recording period.



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- ✓ Location services, hours and directions
- ✓ Chat live and book appointment online
- ✓ Test preparation in 20+ languages
- ✓ Reqs for sleep disorders, PET/CT and more
- ✓ Screening precautions and infection prevention
- ✓ Access your radiology images and results
- ✓ Satisfaction survey
- ✓ Join our team

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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