MMI
Merivale Medical Imaging

1370 Clyde Avenue, Nepean, ON K2G 3H8
Phone: 613-727-1072 | Fax: 613-727-5873
Website: www.mmimaging.com

Patient Information

First Name | Last Name

Home | Other Phone

M | F

OHIP | Version Code | Sex | Date of Birth

Appointment Date/Time

Appointment Date | Appointment Time

Physician Information

Name | Address

Phone | Fax

Date

Please see Patient Instructions on back

24-hour notice required to cancel appointment or $75 charge will be billed to patient

X-RAY (No Appointment)

CHEST
- ☐ Chest PA & LAT
- ☐ Ribs ☐ B ☐ L ☐ R (includes PA chest)
- ☐ Sterno-Clavicular
- ☐ Sternum

HEAD & NECK
- ☐ Soft Tissue Neck
- ☐ Skull
- ☐ Sinuses
- ☐ Facial Bones
- ☐ Nose
- ☐ Mandible
- ☐ Orbits
- ☐ TM Joints

SPINE & PELVIC
- ☐ Hip ☐ L ☐ R
- ☐ Cervical Spine
- ☐ Thoracic Spine
- ☐ Lumbar (L/S) Spine
- ☐ Pelvis
- ☐ S.I. Joints
- ☐ Sacrum/Coccyx
- ☐ Scoliosis

ABDOMEN
- ☐ ABD Series
- ☐ KUB (single view)

UPPER EXTREMITIES
B = Bilateral

	B	L	R
☐ Hand	☐	☐	☐
☐ Wrist	☐	☐	☐
☐ Elbow	☐	☐	☐
☐ Shoulder	☐	☐	☐
☐ Forearm	☐	☐	☐
☐ Humerus	☐	☐	☐
☐ Clavicle	☐	☐	☐
☐ A.C. Joints	☐	☐	☐
☐ Scapula	☐	☐	☐
☐ Scaphoid	☐	☐	☐
☐ Finger: 1 2 3 4 5	☐	☐	☐

LOWER EXTREMITIES
B = Bilateral

	B	L	R
☐ Knee	☐	☐	☐
☐ Ankle	☐	☐	☐
☐ Foot	☐	☐	☐
☐ Hip	☐	☐	☐
☐ Femur	☐	☐	☐
☐ Tib & Fib	☐	☐	☐
☐ Heel	☐	☐	☐
☐ Toe: 1 2 3 4 5	☐	☐	☐

Other:

ULTRASOUND (By Appointment)

GENERAL
- ☐ Abdomen
- ☐ Pelvis – transvaginal
- ☐ Pelvis – transabdominal
- ☐ Renal
- ☐ Bladder
- ☐ PVR – Post Void Residual
- ☐ Transrectal Prostate
- ☐ AAA Screening
- ☐ Abdominal Wall/Hernia
- ☐ Inguinal Canal
- ☐ Scrotum
- ☐ Thyroid & Neck

FEMALE PELVIS
- ☐ Pelvis – transvaginal
- ☐ Pelvis – transabdominal

MALE PELVIS
- ☐ Pelvis – transabdominal bladder & prostate
- ☐ Prostate – transrectal

MUSCULOSKELETAL

B = Bilateral	B	L	R
Shoulder	☐	☐	☐
Elbow	☐	☐	☐
Wrist/Hand	☐	☐	☐
Knee	☐	☐	☐
Achilles Tendon	☐	☐	☐
Ankle	☐	☐	☐
Foot	☐	☐	☐
Plantar Fascia	☐	☐	☐
Lumps & Bumps	☐	☐	☐

Other:_____

OBSTETRICS LMP: DD/MM/YYYY
- ☐ OB – Under 16 weeks
- ☐ OB – 18 – 20 weeks
- ☐ OB – Fetal Growth
- ☐ OB – High Risk
- ☐ Follicular Tracking
- ☐ Biophysical Profile (BPP)
- ☐ Nuchal Translucency – IPS (11 – 14 weeks)

VASCULAR LAB
- ☐ Peripheral Arterial Legs - ABI
- ☐ Peripheral Arterial Arms - ABI
- ☐ Peripheral Venous Legs – DVT ☐ B ☐ L ☐ R
- ☐ Peripheral Venous Arms - DVT ☐ B ☐ L ☐ R
- ☐ Varicose Vein Assessment
- ☐ Carotid Arteries
- ☐ Renal Arteries
- ☐ Aorta
- ☐ Portal Venous Hypertension

BONE DENSITY (BMD)

By Appointment
- ☐ Routine (Low Risk)
- ☐ High Risk
- ☐ DEXA – Total Body Composition

CARDIOLOGY & NUCLEAR MEDICINE (By Appointment)
- ☐ *Echocardiogram
- ☐ *Cardiac Perfusion
  - ☐ Treadmill
  - ☐ Pharmacologic (with Persantine)
- ☐ Bone Scan
  - ☐ Single Site
  - ☐ Total Body
- ☐ Gastric Empyting Study

*Affiliated with Merivale Cardiovascular Consultants

MERIVALE CARDIOVASCULAR CONSULTANTS

Clinical History Requested
- ☐ WSIB
- ☐ Out of Province
- ☐ STAT
- ☐ History of Ca

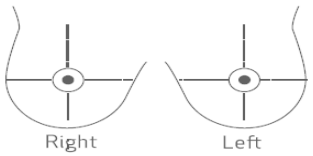
_____ Copy To: _____

Doctor's Signature

BREAST IMAGING (By Appointment)

BREAST ULTRASOUND
☐ B ☐ L ☐ R

MAMMOGRAPHY
- ☐ OBSP (Routine Screening Mammogram)
- ☐ Screening Mammogram
- ☐ Diagnostic Mammogram ☐ L ☐ R



This requisition form can be taken to any licensed facility providing healthcare services including hospitals and IHFs, such as those listed on the IHF Program website:

http://www.health.gov.on.ca/en/public/programs/ihf/facilities.aspx