

Patient Information

Physician Information

First Name		Last Name		Name		Address	
Address		Phone		Phone		Fax	
OHIP		Version Code		Sex M F		Date of Birth	
Appointment Date/Time		Date					

Please see Patient Instructions on website
24-hour notice required to cancel appointment or \$75 charge will be billed to patient

X-RAY (No Appointment)

CHEST
☐ Chest PA & LAT
☐ Ribs ☐ 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

ABDOMEN
☐ ABD Series
☐ KUB (single view)

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

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

ULTRASOUND (By Appointment)

GENERAL
☐ Abdomen
☐ Sonographic KUB
☐ PVR – Post Void Residual
☐ AAA Screening
☐ Abdominal Wall/Hernia
☐ Inguinal Canal/Groin
☐ Scrotum
☐ Thyroid
☐ Neck
☐ Submandibular Glands

FEMALE PELVIS
☐ Pelvis – transvaginal
☐ Pelvis – transabdominal

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

MUSCULOSKELETAL
 L R
☐ ☐ Shoulder
☐ ☐ Elbow
☐ ☐ Wrist
☐ ☐ Hand
☐ ☐ Knee
☐ ☐ Achilles Tendon
☐ ☐ Ankle (Medial)
☐ ☐ Ankle (Lateral)
☐ ☐ Foot
☐ ☐ Plantar Fascia
☐ ☐ Lumps & Bumps

VASCULAR LAB
☐ Peripheral Arterial Legs - ABI
☐ Peripheral Arterial Arms - WBI
☐ Peripheral Venous Legs – DVT
☐ ☐ L ☐ R
☐ Peripheral Venous Arms - DVT
☐ ☐ L ☐ R
☐ Varicose Vein Assessment
☐ ☐ L ☐ R
☐ Carotid Arteries
☐ Renal Arteries
☐ ABI (Compression therapy only)
☐ Portal Venous Hypertension

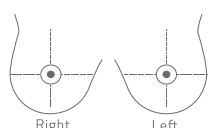
ECHOCARDIOGRAM ♥

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 – EFTS
 (11 – 14 weeks)

MAMMOGRAPHY (By Appointment)

☐ OBSP (Routine Screening Mammogram)
☐ Screening Mammogram
☐ Diagnostic Mammogram
☐ L ☐ R
☐ Breast Ultrasound
☐ L ☐ R



BONE DENSITY (BMD) (By Appointment)

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

CARDIOLOGY Call MCC at 613-722-8086

☐ *Exercise Stress Test
☐ *Holter Monitor 48/72-hr
☐ *Holter Monitor 14-day
☐ Echocardiogram (Call MMI 613-727-1072)



Clinical History Requested and/or Other Modality Requests

☐ WSIB ☐ Out of Province ☐ STAT

Doctor's Signature

Copy To: _____

NUCLEAR MEDICINE (By Appointment)

☐ *Cardiac Perfusion
☐ Pharmacologic ☐ Discontinue Meds ☐ Continue Meds
☐ Treadmill ☐ Discontinue Meds ☐ Continue Meds
☐ Bone Scan (Single Site) ☐ Bone Scan (Total Body)
☐ Gastric Emptying Scan

*Affiliated with Merivale Cardiovascular Consultants