MMI Merivale Medical Imaging

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

- 1545 Merivale Rd, Nepean, ON K2G 3J4
- 110 Michael Cowpland Dr, Kanata, ON K2M 2G9
- 601 Limoges Road, Limoges, ON K0A 2M0
- 550-1145 Hunt Club Road, Ottawa, ON K1V 0Y3

Phone: 613-727-1072 | Fax: 613-727-5873

Website: **www.mmimaging.com**
Email: **info@mmimaging.com**
Please see Patient Instructions on website

Patient Information

Last Name | First Name

Address | Cell Phone

M | F

OHIP | Version Code | Sex | Date of Birth

Email Address: _____

Physician Information

Name | Address

Phone | Fax

OHIP Billing #:

Email Address: _____

Appointment Date DD/MM/YYYY **Time:**

X-RAY (No Appointment)

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

HEAD & NECK
- ☐ Soft Tissue Neck
- ☐ Skull
- ☐ Sinuses (Non-OHIP/Private Pay)
- ☐ Facial Bones
- ☐ Nose
- ☐ Mandible
- ☐ Orbits
- ☐ TM Joints

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

UPPER EXTREMITIES

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

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

LOWER EXTREMITIES

L	R	
☐	☐	Hip
☐	☐	Femur
☐	☐	Knee
☐	☐	Tibia & Fibula
☐	☐	Ankle
☐	☐	Foot
☐	☐	Heel
☐	☐	Toe: 1 2 3 4 5

BONE DENSITY (BMD) (By Appointment)

- ☐ Routine (Low Risk)
- ☐ High Risk
- ☐ Total Body Composition (Non-OHIP/Private Pay)

ULTRASOUND (By Appointment)

GENERAL
- ☐ Abdomen
- ☐ Sonographic KUB
- ☐ PVR – Post Void Residual
- ☐ AAA Screening
- ☐ Umbilical Hernia
- ☐ Inguinal Canal/Groin
- ☐ Scrotum
- ☐ Thyroid
- ☐ Neck
- ☐ Submandibular Glands
- ☐ Elastography/Shearwave (Non-OHIP/Private Pay)
- ☐ **ECHOCARDIOGRAM** ♥

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

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

MUSCULOSKELETAL

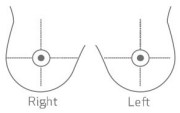
L	R	
☐	☐	Shoulder
☐	☐	Elbow
☐	☐	Wrist
☐	☐	Hand
☐	☐	Knee
☐	☐	Achilles Tendon
☐	☐	Ankle (Medial)
☐	☐	Ankle (Lateral)
☐	☐	Foot
☐	☐	Plantar Fascia
☐	☐	Hips
☐	☐	Other _____

OBSTETRICS LMP: DD/MM/YYYY
- ☐ OB – Dating
- ☐ OB – Morphology
- ☐ OB – Fetal Growth
- ☐ Follicular Tracking
- ☐ Biophysical Profile (BPP)
- ☐ Nuchal Translucency – EFTS (11 - 14 wks)

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

MAMMOGRAPHY (By Appointment)

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



NUCLEAR MEDICINE (By Appointment)

- ☐ *Cardiac Perfusion
  - ☐ Pharmacologic ☐ DisCont. Meds ☐ Cont. Meds
  - ☐ Treadmill ☐ DisCont. Meds ☐ Cont. Meds
- ☐ Bone Scan (Single Site)
- ☐ Bone Scan (Total Body)
- ☐ Gastric Emptying Scan

***Affiliated with Merivale Cardiovascular Consultants**

Clinical History Requested and/or Other Modality Requests

☐ WSIB ☐ Out of Province ☐ STAT

_____ Copy To: _____

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)

MERIVALE CARDIOVASCULAR CONSULTANTS

Doctor's Signature

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

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

Updated March 1 2025