

# REQUEST FOR CONSULTATION

Oshawa Imaging Centre  
Oshawa Clinic

117 King St. E., Oshawa, On. L1H 1B9  
Ph. 905 721-3588 fax905 721-3560

Courtice Imaging  
Courtice Health Centre

1450 Highway #2, Courtice, On L1C 3C3  
Ph. 905 721-4932 Fax 905 721-3524

Taunton Imaging Centre  
Taunton Health Centre

1290 Keith Ross Court, Oshawa L1H 7K4  
Ph. 905 721-7702 Fax 905 721-7704

**PLEASE BRING HEALTH CARD AND THIS REQUISITION**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ OHIP # \_\_\_\_\_

D.O.B. \_\_\_\_\_ M \_\_\_\_\_ D \_\_\_\_\_ Y PHONE #: ( ) \_\_\_\_\_

WSIB: \_\_\_\_\_

APPOINTMENT: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

(INSTRUCTIONS: SEE REVERSE)

DIAGNOSTIC IMAGING

PATIENT LABEL

HERE

**BY APPOINTMENT ONLY**

**GI Tract**

- Upper GI Series
- Small Bowel
- Air Contrast Enema

**X-RAY**

- Bone Density  
**BY APPOINTMENT ONLY**

**ABDOMEN**

- KUB
- Acute Abdomen

**CHEST**

- Chest PA & Lat
- Rt.  Lt. RIBS & PA Chest
- Sternum

**HEAD**

- Skull
- Sinuses
- Facial Bones
- Nasal Bones
- Mandible
- T.M. Joints
- Adenoids
- Orbits MRI

**UPPER EXTREMITIES**

- Rt.  Lt. Shoulder
- Rt.  Lt. Clavicle
- Rt.  Lt. AC Joints
- Rt.  Lt. Scapula
- Rt.  Lt. Humerus
- Rt.  Lt. Elbow
- Rt.  Lt. Forearm
- Rt.  Lt. Wrist
- Rt.  Lt. Scaphoid
- Rt.  Lt. Hand
- Rt.  Lt. Digits 1-2-3-4-5

**SPINE & PELVIS**

- Cervical
- Dorsal
- Lumbo-sacral
- Sacrum & Coccyx
- S.I. Joints
- Pelvis
- Rt.  Lt. Hip
- Scoliosis Screen

**LOWER EXTREMITIES**

- Rt.  Lt. Femur
- Rt.  Lt. Knee
- Rt.  Lt. Tib Fib
- Rt.  Lt. Ankle
- Rt.  Lt. Os Calcis
- Rt.  Lt. Foot
- Rt.  Lt. Toes 1-2-3-4-5

- VERBAL
- TAKE BACK
- LEAVE

OTHER: \_\_\_\_\_

CLINICAL: \_\_\_\_\_

REFERRING PHYSICIAN: \_\_\_\_\_  Verbal  Fax: \_\_\_\_\_  Phone: \_\_\_\_\_

COPY TO: \_\_\_\_\_

**If you are a female between the ages of 12 and 55 you must complete:**

**I DECLARE, TO THE BEST OF MY KNOWLEDGE,  
THAT I AM NOT CURRENTLY PREGNANT.**

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**ULTRASOUND:**

**BY APPOINTMENT ONLY**

**VASCULAR:**

- Duplex Carotid Doppler
- Art. Doppler Upper Ext
- Art. Doppler Lower Ext (incl. Aorta&Ext Illiac)
- Rt  Lt Venous Doppler Upper Ext.
- Rt  Lt. Venous Doppler Lower Ext.

**MUSCULOSKELETAL:**

Includes Current Radiographs

- Rt.  Lt. Shoulder
- Rt.  Lt. Knee
- Rt.  Lt. Elbow
- Rt.  Lt. Wrist
- Other \_\_\_\_\_

**OBS:**

- Dating (under 18 wks) LMP \_\_\_\_\_
- Routine (over 18 wks)
- Nuchal Translucency (N.T.)
- OB High Risk:  Complete  Limited

**SMALL PARTS**

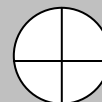
- Thyroid and/or neck
- Eyes
- Testes: (Scrotum to include Doppler if indicated)

**GENERAL:**

- Hernia Assessment:
  - Inguinal/Femoral
  - Abdominal Wall
  - Umbilical
- Abdomen complete (includes KUB as required)
- Kidneys & Pelvis ONLY (includes KUB as required)
- Pelvis Male (includes kidneys & prostate)
- Pelvis Female includes Endovaginal unless contraindicated
- Other US ( See Comments)

**MAMMOGRAPHY:**

- Bilateral
- Right  Left



Right Left

**BREAST  
ULTRASOUND:**

- Bilateral
- Right  Left

**NO UNDERARM DEODORANT ON THE DAY OF THE EXAM!!!!!!**

*PATIENT INSTRUCTIONS*

**X-RAY:**

1) G.I. SERIES/ SMALL BOWEL: Have nothing to eat after midnight.

2) COLON/BARIUM ENEMA: You must take the "Royvac" kit available from your pharmacy. This preparation starts at noon the day before your x-ray examination.

**ULTRASOUND:**

1) PELVIC OR OBSTETRICAL (PREGNANCY LESS THAN 24 WEEKS GESTATION) ULTRASOUND EXAMINATION

**YOU MUST FINISH DRINKING 40 OZ (1.25 L or 5 eight ounce glasses) OF WATER 1 HOUR BEFORE YOUR APPOINTMENT!** You must also eat the meal nearest to your exam time. **IMPORTANT!!! DO NOT GO TO THE WASHROOM, you MUST have a full bladder for the examination. If your bladder is not full you will be re-scheduled.**

2) OBSTETRICAL ULTRASOUND MORE THAN 24 WEEKS GESTATION:  
**YOU MUST FINISH DRINKING 24 oz ( 3 eight ounce glasses) OF WATER 1 HOUR BEFORE YOUR APPOINTMENT.** You must also eat the meal nearest to your exam time. **IMPORTANT!!! DO NOT GO TO THE WASHROOM, you MUST have a full bladder for the examination. If your bladder is not full you will be re-scheduled.**

3) ABDOMINAL URTRASOUND: (includes examinations of the gallbladder, pancreas, spleen, liver, kidneys and aorta)

a) Morning appointments: Nothing to eat or drink after midnight.

b) Afternoon appointments: You may eat dry toast, black coffee or tea, clear juice before 9:00 am. You must not eat or drink anything thereafter. **N.B. YOUR STOMACH MUST BE EMPTY at the time of the examination.**

4) ABDOMINAL AND PELVIC ULTRASOUND when both are required.

a) Morning appointments:

**NOTHING TO EAT AFTER MIDNIGHT.** Clear fluids are allowed. **ALSO: IMPORTANT !!- YOU MUST FINISH DRINKING 40 OZ (1.25 L or 5 eight ounce glasses) OF WATER 1 HOUR BEFORE YOUR APPOINTMENT! DO NOT GO TO THE WASHROOM, you MUST have a full bladder for the examination. If your bladder is not full you will be re-scheduled.**

b) Afternoon appointments: You may eat dry toast, black coffee or tea, clear juice before 9:00 am. You must not eat anything thereafter. **N.B. YOUR STOMACH MUST BE EMPTY of food at the time of the examination. ALSO: IMPORTANT !!- YOU MUST FINISH DRINKING 40 OZ (1.25 L or 5 eight ounce glasses) OF WATER 1 HOUR BEFORE YOUR APPOINTMENT! DO NOT GO TO THE WASHROOM, you MUST have a full bladder for the examination. If your bladder is not full you will be re-scheduled.**

5) ULTRASOUND OF THE THYROID, BREAST, SHOULDER, LEGS etc.: No preparation required.

**OBSTETRICAL PATIENTS (NO RECORDING DEVICES ALLOWED)**

**PLEASE NOTE:**

We ask that you allow us to perform the examination requested by your Doctor before permitting any family member or support person into the ultrasound room. This gives the technologist time to obtain the very precise measurements needed for an effective examination. The technologist will then call your husband or support person from the waiting room after these measurements have been obtained.

**TO ALL ULTRASOUND PATIENTS**

**PLEASE NOTE:**

**EVERY EFFORT IS MADE BY THE TECHNOLOGIST TO PERFORM YOUR TEST ON TIME, HOWEVER, OCCASIONALLY WE MAY RUN INTO UNAVOIDABLE DELAYS. WE APPRECIATE YOUR PATIENCE AND CO-OPERATION.**

Technologists are not permitted to give the results of the examination. Your Doctor will receive the test results 3 -5 days after your examination at which time you may call your Doctor's office for the results.

**IF YOU ARE UNABLE TO MAKE YOUR APPOINTMENT, PLEASE CALL WITHIN 24 HOURS TO CANCEL & RE-SCHEDULE.**

