

REQUEST FOR CONSULTATION

Oshawa Imaging Centre Oshawa Clinic
117 King St. E., Oshawa, ON, L1H 1B9
Ph. 905-721-3588 Fax 905-721-4168

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 Crt., Oshawa, ON, L1H 7K4
Ph. 905-721-7702 Fax 905-721-7704

***** Please note there will be a \$50 charge for missed appointments *****

Date of Referral: Mar 26, 2021

PLEASE BRING HEALTH CARD & THIS REQUISITION

Name: _____
 DOB: _____ OHIP #: _____
 Address: _____
 Phone #: _____

Diagnostic Imaging

Patient label here

X-Ray

ABDOMEN

- KUB
 Acute Abdomen

HEAD

- Skull
 Facial Bones
 Nasal Bones
 Mandible
 T.M. Joints
 Adenoids/S.T. Neck
 Orbits MRI

SPINE & PELVIS

- Cervical
 Thoracic
 Lumbo-sacral
 Sacrum & Coccyx
 S.I. Joints
 Pelvis
 Rt. Lt. Hip
 Scoliosis Screen (THC)

- VERBAL*
 URGENT
 TAKE BACK*
 LEAVE

CHEST

- PA & Lateral Apical
 Rt. Lt. RIBS & PA Chest
 Sternum

UPPER EXTREMITIES

- AC Joints
 Rt. Lt. Shoulder
 Rt. Lt. Clavicle
 Rt. Lt. Scapula
 Rt. Lt. Humerus
 Rt. Lt. Elbow
 Rt. Lt. Forearm
 Rt. Lt. Wrist
 Rt. Lt. Scaphoid
 Rt. Lt. Hand
 Rt. Lt. Digits

LOWER EXTREMITIES

- Rt. Lt. Femur
 Rt. Lt. Knee
 Rt. Lt. Tibia Fibula
 Rt. Lt. Ankle
 Rt. Lt. Heel
 Rt. Lt. Foot
 Rt. Lt. Toes
 OTHER X-Rays (see comments)

Bone Mineral Density (by appointment only)

- Baseline 1st BMD Bone Density high risk
 Bone Density 5 yr follow-up

APPOINTMENT

DATE:

TIME:

Ultrasound (by appointment only)

VASCULAR

- Duplex Carotid Doppler
 Aorta (AAA)
 Art. Doppler Upper Ext.
 Art. Doppler Lower Ext.
 Rt. Lt. Venous Doppler Upper Ext
 Rt. Lt. Venous Doppler Lower Ext

MUSCULOSKELETAL

- Please provide recent x-ray report (<3 mo.)
 Rt. Lt. Shoulder
 Rt. Lt. Knee
 Other (see comments)

OBSTETRICS

- Dating (under 18 wks) LMP:
 Routine (over 18 wks)
 Nuchal Translucency (NT)
 OB High Risk Complete Limited

SMALL PARTS

- Thyroid and/or neck
 Eyes
 Testes

GENERAL

- Hernia Ass: Inguinal/Femoral Abd Wall Umbilical
 Abdomen Complete Kidney & Pelvis only
 Pelvis Male
 Pelvis Female **For urinary bladder, mass, bowel and lower abd pain
 Endovaginal **provides significantly higher sensitivity** for uterus, endometrium and ovaries
 OTHER U/S (see comments)

By appointment only

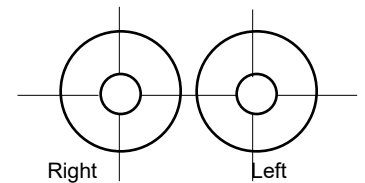
No Underarm Deodorant on the day of the exam!

MAMMOGRAPHY

- Bilateral
 Right Left

BREAST ULTRASOUND

- Bilateral
 Right Left



Clinical Comments:

Signed Electronically:

Referring Physician:

Phone:

Fax:

Copy to:

TECHNOLOGIST ONLY:

- Lead used
 Mask
 Face shield
 Patient NOT Pregnant