



Unit 207- 1980 St Clair Ave W.
 Toronto, M6N 0A3
 (StockYards Shopping Center, Next to
 the Nations Fresh Foods)
 Tel. 416-534-8487
 Fax. 416-519-2465
 email. info@cityxray.ca
 website. www.cityxray.ca

Free Parking

Please bring this requisition form & a valid OHIP card to your appointment.

CLINICAL INFORMATION

Date: _____

Urgent Stat

PHYSICIAN INFORMATION

Physician: _____ Signature: _____

Billing #: _____ CPSO #: _____

Report Delivery Preference: Fax HRM

Phone: _____ Fax: _____

cc Physicians: _____

PATIENT INFORMATION

Name: _____ Phone#: _____

Address: _____ Postal Code: _____

City: _____ Health card #: _____ VC: _____

D.O.B: _____ Pregnant Non-Pregnant

X-RAY (NO APPOINTMENT NEEDED — WE ACCEPT WALK-INS)

CHEST	HEAD & NECK	SPINE & PELVIS	UPPER EXTREMETIES	LOWER EXTREMETIES
CHEST PA & LAT STERNUM SC JOINTS PA AP LAT R L RIBS	SKULL FACIAL BONES NASAL BONES MANDIBLE T.M. JOINTS ADENOIDS MASTOID NECK FOR SOFT TISSUE SELLA TRUCICA ORBITS SCOLIOSIS — CERVICAL	CERVICAL SPINE FLEXION/EXTENSION THORACIC SPINE LUMBAR SPINE SCOLIOSIS PELVIS S.I. JOINTS SACRUM/ COCCYX LUMBOSACRAL SKELETAL SURVEY ARTHRITIC METASTATIC BONE AGE	R L SHOULDER R L CLAVICLE R L AC JOINTS R L SC JOINTS R L SCAPULA R L HUMERUS R L ELBOW R L FOREARM R L WRIST R L SCAPHOID R L HAND R L FINGERS NO ① ② ③ ④ ⑤	R L HIPS R L FEMUR R L KNEE R L TIBIA & FIBULA R L ANKLE R L FOOT R L CALANEUS R L TOES NO ① ② ③ ④ ⑤
ABDOMEN KUB PLAIN ACUTE (2 VIEWS) OTHER: _____	OTHER: _____			OTHER: _____

ULTRASOUND

ABDOMEN	MUSCULOSKELETAL	OBSTETRICAL	MALE PELVIS
ABDOMEN ABDOMEN + PELVIS ABDOMEN + PELVIS + TRANSVAGINAL ABDOMEN + PELVIC LIMITED ABDOMINAL WALL ABDOMEN LIMITED AAA SCREENING KUB RENAL BLADDER G.U. TRACT	R L SHOULDER R L BICEP R L ELBOW R L FOREARM R L WRIST R L HAND R L HIP R L KNEE R L POPLITEAL FOSSA R L HAMSTRING R L ACHILLES TENDON R L ANKLE R L FOOT	DATING < 16 WEEKS NT 11-14 weeks (IPS/eFTS) ANATOMIC 18-20 WEEKS BIOPHYSICAL PROFILE (BPP) LIMITED OB SCAN FETAL GROWTH LMP: _____ FEMALE PELVIS PELVIS TRANSVAGINAL PELVIS + TRANSVAGINAL FOLLICULAR STUDIES	PELVIS – TRANSABDOMINAL PROSTATE + BLADDER TRANSRECTAL / PROSTATE SMALL PARTS THYROID NECK FACE HERNIA R L GROIN TESTES/SCROTUM CHEST WALL SOFT TISSUE / LUMP R L BREAST R L AXILLA
OTHER: _____	OTHER: _____		OTHER: _____

BONE MINERAL DENSITY

BASELINE (FIRST TIME)
 LOW RISK (EVERY 3 YEARS)
 HIGH RISK (ONCE A YEAR)
 PREVIOUS BMD DATE: _____

Please refer to the back of this form for preparation information or visit our website to learn more



I declare that I am not presently pregnant _____

Lead Shield Used: _____ Tech. Initial: _____



We take walk-ins for X-RAYS! For all other procedures, please visit our website now or call us below to book. www.cityxray.ca

Tel. 416-534-8487

**Hours: MON — FRI 8:30 AM to 5:00 PM
SATURDAY 9:00 AM to 3:00 PM**

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A. Important General Notes:

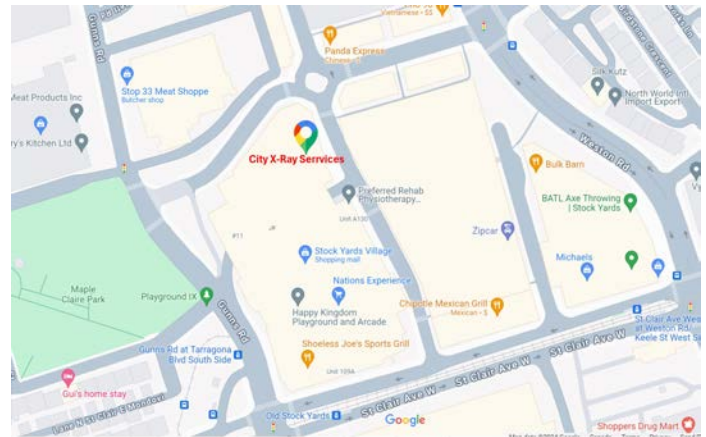
Any Chance of Pregnancy? (for X-Ray patients): Tell us before the X-Ray

Medications: Unless told, there is no need to stop any medications

Weight Limit: If over 300lbs/136kg, please check with us for any restrictions.

X-Rays: last patient will be taken half hour before closing time.

24 HRS NOTICE REQUIRED TO CANCEL.



B. Preparation Instructions: Please read the following instructions carefully pertaining to your procedure. Failure to arrive on time and prepared may result in the cancellation / rebooking of your appointment.

ULTRASOUND	Preparation Instructions
ABDOMEN (Gall Bladder, Pancreas, Spleen, Liver, Kidneys, and Aorta)	If your appointment is in the morning, do not eat anything after midnight the night before. If your appointment is in the afternoon, for breakfast, you may eat dry toast, black tea, black coffee, juice, up to 9 a.m. Nothing to eat or drink after that.
Pelvic Transvaginal (Female Pelvis) (Uterus, Ovaries, and Bladder)	Finish drinking 4 glasses (1Litre) of water 1 hour before your appointment. Do not empty your bladder. You must have a full bladder for this examination.
Combination Pelvic and Abdominal	Finish drinking 4 glasses (1Litre) of water 1 hour before your appointment. Do not empty your bladder. NO BREAKFAST on the morning of the examination. You must have a full bladder for this examination.
Obstetrical (12 Weeks or less)	Finish drinking 4 glasses (1Litre) of water 1 hour before your appointment. Do not empty your bladder. You must have a full bladder for this examination.
Obstetrical (12 Weeks or more)	Finish drinking 3 glasses (750ml) of water a 1/2 hour before your appointment. Do not empty your bladder. You must have a full bladder for this examination.
Prostate (Male Pelvis)	Finish drinking 4 glasses (1Litre) of water 1 hour before your appointment. Do not empty your bladder. You must have a full bladder for this examination.
Transrectal	Pick up a fleet enema at a pharmacy and use it according to the package instructions, 2 hours before your examination.
BONE MINERAL DENSITY	Please wear a two-piece outfit with no metal or zippers, if possible. On the day of the examination, do not take calcium supplements or iron tablets until after the examination is completed.
X-RAY	No preparation is required. However, please do not wear metallic items, such as jewelry, on your examination day. If you are pregnant or think you might be pregnant, please let your technologist know before the X-ray.