



**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](mailto:info@cityxray.ca)  
 website. [www.cityxray.ca](http://www.cityxray.ca)

**Free Parking**

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

**CLINICAL INFORMATION**

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

URGENT     STAT

**PATIENT INFORMATION**

Name: \_\_\_\_\_ H. Card #: \_\_\_\_\_ VC: \_\_\_\_\_  
 D.O.B: \_\_\_\_\_ Phone # \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_  
 Postal Code: \_\_\_\_\_

**PHYSICIAN INFORMATION**

Signature: \_\_\_\_\_

Physician: \_\_\_\_\_  
 Billing #: \_\_\_\_\_ CPSO #: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Report Delivery Preference:     Fax     HRM  
 CC Physician: \_\_\_\_\_ Fax: \_\_\_\_\_

**X - R A Y (NO APPOINTMENT NEEDED — WE ACCEPT WALK-INS)**

CHEST	ABDOMEN	UPPER Extremities	LOWER Extremities	OTHERS
<input type="checkbox"/> Chest PA & Lat <input type="checkbox"/> Sternum <input type="checkbox"/> Chest PA <input type="checkbox"/> R <input type="checkbox"/> L Ribs <b>HEAD &amp; NECK</b> <input type="checkbox"/> Skull <input type="checkbox"/> Orbits <input type="checkbox"/> Facial Bones <input type="checkbox"/> Nasal Bones <input type="checkbox"/> Mandible <input type="checkbox"/> TM Joints <input type="checkbox"/> Adenoids <input type="checkbox"/> Neck (Soft Tissue)	<input type="checkbox"/> KUB <input type="checkbox"/> Acute (3 Views) <b>SPINE &amp; PELVIS</b> <input type="checkbox"/> Cervical Spine <input type="checkbox"/> Thoracic Spine <input type="checkbox"/> Lumbar Spine <input type="checkbox"/> Scoliosis Series <input type="checkbox"/> SI Joints <input type="checkbox"/> Sacrum & Coccyx <input type="checkbox"/> R <input type="checkbox"/> L Pelvis + <input type="checkbox"/> Hip	<input type="checkbox"/> R <input type="checkbox"/> L Shoulder <input type="checkbox"/> R <input type="checkbox"/> L Clavicle <input type="checkbox"/> AC Joints <input type="checkbox"/> SC Joints <input type="checkbox"/> R <input type="checkbox"/> L Scapula <input type="checkbox"/> R <input type="checkbox"/> L Humerus <input type="checkbox"/> R <input type="checkbox"/> L Elbow <input type="checkbox"/> R <input type="checkbox"/> L Forearm <input type="checkbox"/> R <input type="checkbox"/> L Wrist <input type="checkbox"/> R <input type="checkbox"/> L Hand <input type="checkbox"/> R <input type="checkbox"/> L Fingers: No. <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> R <input type="checkbox"/> L Femur <input type="checkbox"/> R <input type="checkbox"/> L Knee <input type="checkbox"/> R <input type="checkbox"/> L Tibia & Fibula <input type="checkbox"/> R <input type="checkbox"/> L Ankle <input type="checkbox"/> R <input type="checkbox"/> L Foot <input type="checkbox"/> R <input type="checkbox"/> L Calcaneus <input type="checkbox"/> R <input type="checkbox"/> L Toes: No. <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5  <b>SKELETAL SURVEY</b> <input type="checkbox"/> Arthritic <input type="checkbox"/> Metastatic <input type="checkbox"/> Bone Age	_____ _____

**ULTRASOUND**

GENERAL	OBSTETRICAL	MUSCULOSKELETAL	OTHERS
<input type="checkbox"/> Abdomen <input type="checkbox"/> AAA Screening <input type="checkbox"/> Abdomen Wall <input type="checkbox"/> Female Pelvis / <input type="checkbox"/> Transvaginal <input type="checkbox"/> Male Pelvis/Prostate <input type="checkbox"/> Transrectal <input type="checkbox"/> KUB <input type="checkbox"/> Testes/Scrotum <input type="checkbox"/> R <input type="checkbox"/> L Groin/Hernia <input type="checkbox"/> R <input type="checkbox"/> L Soft Tissue/Lump	<input type="checkbox"/> Dating < 16 Weeks <input type="checkbox"/> NT (IPS/eFTS), 11-14 weeks <input type="checkbox"/> Anatomic Scan, 18-20 Weeks <input type="checkbox"/> Biophysical Profile (BPP) <input type="checkbox"/> Follow Up OB Scan  LMP: _____  <input type="checkbox"/> Thyroid <input type="checkbox"/> Neck <input type="checkbox"/> R <input type="checkbox"/> L Breast <input type="checkbox"/> R <input type="checkbox"/> L Axilla	<input type="checkbox"/> R <input type="checkbox"/> L Shoulder <input type="checkbox"/> R <input type="checkbox"/> L Elbow <input type="checkbox"/> R <input type="checkbox"/> L Wrist <input type="checkbox"/> R <input type="checkbox"/> L Hand <input type="checkbox"/> R <input type="checkbox"/> L Hip <input type="checkbox"/> R <input type="checkbox"/> L Knee <input type="checkbox"/> R <input type="checkbox"/> L Ankle <input type="checkbox"/> R <input type="checkbox"/> L Achilles Tendon <input type="checkbox"/> R <input type="checkbox"/> L Foot <input type="checkbox"/> R <input type="checkbox"/> L Fingers/Toes: No. <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	_____ _____

**BONE MINERAL DENSITY**

Baseline (First Time)  
 Low Risk (Every 2 - 5 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, call or email us to book. [www.cityxray.ca](http://www.cityxray.ca)

Tel. 416-534-8487

email. [info@cityxray.ca](mailto:info@cityxray.ca)

**Hours: Mon — Fri 8:30 AM to 5:30 PM**

**Saturday 8:30 AM to 4:00 PM**

**Please Note: The X-ray service starts at 9:00 am**

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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 NOTICEREQUIRED TO CANCEL.**



**B. Preparation Instructions:** To ensure your procedure goes smoothly, please read these instructions carefully. Arriving 10 minutes before your scheduled appointment time and being prepared will help avoid your appointment being cancelled or rescheduled, as we understand your time is valuable.

<b>ULTRASOUND</b>	<b>Preparation Instructions</b>
<b>Abdomen</b> <i>(Gall Bladder, Pancreas, Spleen, Liver, Kidneys, and Aorta)</i>	<b>Fasting: Do Not</b> eat or drink <b>7-10</b> hours before our exam. You may drink a small sip of water if needed for taking your medication or your mouth is dry.
<b>Pelvis/KUB/Transvaginal</b> <i>(Uterus, Ovaries, Bladder, Prostate)</i>	<b>Full Bladder:</b> Finish drinking 1 liter (4-5 glasses) of water 1 hour before your appointment. <b>Do not empty your bladder.</b> You must have a full bladder for this exam.
<b>Combination Abdomen &amp; Pelvis/KUB/Transvaginal</b>	<b>Fasting: Do not</b> eat or drink <b>7-10</b> hours before our exam. <b>Full Bladder:</b> Finish drinking 1 litre (4-5 glasses) of water 1 hour before your appointment. <b>Do not empty your bladder.</b> You must have a full bladder for this exam.
<b>Obstetrical</b>	<b>Full Bladder:</b> Finish drinking 1 litre (4-5 glasses) of water 1 hour before your appointment. <b>Do not empty your bladder.</b> You must have a full bladder for this exam.
<b>Transrectal</b>	Pick up a fleet enema at a pharmacy and use it according to the package instructions, start using 2 hours before your examination. Rectum needs to be clean out.
<b>Transrectal &amp; Prostate</b>	Pick up a fleet enema at a pharmacy and use it according to the package instructions, start using 2 hours before your examination. Rectum needs to be clean out. <b>Full Bladder:</b> Finish drinking 1 litre (4-5 glasses) of water 1 hour before your appointment. <b>Do not empty your bladder.</b> You must have a full bladder for this exam.
<b>Bone Mineral Density (BMD)</b>	Do not take calcium or iron supplements on the day of the examination.
<b>X- RAY</b>	No preparation is required. No appointment required. X-RAYS are done on a walk-in basis. <b>If you are pregnant or think you might be pregnant, please let your technologist know before the X-ray.</b>