Med Image
DIAGNOSTIC CENTRE

31 Tapscott Rd. Unit 85, Scarborough, ON M1B 4Y7
(Inside Malvern Mall, Beside Fresh Land Supermarket)
Tel: 416-287-1818 | Fax: 416-287-2126 | Web: www.medimagediagnostic.com
Email: info@medimagediagnostic.com, medimagediagnostic@gmail.com

FREE PARKING
MAIN FLOOR ACCESS
SAME DAY REPORT

OPEN WEEKEND
FEMALE TECHNICIAN

Monday - Friday:	8:30 am - 7:00 pm
Saturday:	8:30 am - 7:00 pm
Sunday:	11:00 am - 5:00 pm

PATIENT INFORMATION

Name
DOB
Tel
OHIP #

REFERRAL PHYSICIAN / SPECIALIST

Name
Billing #
Tel
Fax
Signature

CLINICAL HX

☐ STAT / VERBAL

ULTRASOUND (WALK-IN ACCOMMODATED)

GENERAL

- ☐ ABDOMEN
- ☐ FOLLICLE MONITORING
- ☐ PELVIS - FEMALE ☐ TRANSVAGINAL
- ☐ PELVIS - MALE
- ☐ PROSTATE TRANSRECTAL ☐ PROSTATE ABDOMINAL
- ☐ PVR (Post Void Residual)
- ☐ KIDNEY & BLADDER
- ☐ R ☐ L BREAST

OBSTETRICAL

- ☐ 1st TRIMESTER
- ☐ IPS/NT (11-14 WKS)
- ☐ ANATOMY SCAN (18 - 20 WKS) ☐ TWINS
- ☐ HIGH RISK (COMPLETE + MCA/DV DOPPLER)
- ☐ BPP ONLY (INCLUDES MCA/DV DOPPLER)
- ☐ BPP + GROWTH (INCLUDES MCA/DV DOPPLER)
- ☐ LIMITED (PLEASE SPECIFY)

SMALL PARTS

- ☐ R ☐ L GROIN / INGUINAL
- ☐ R ☐ L
- ☐ TESTES / SCROTUM
- ☐ SUBMANDIBULAR GLANDS
- ☐ SALIVARY GLANDS
- ☐ NECK
- ☐ SOFT TISSUE
- ☐ THYROID
- ☐ CHEST for PLEURAL EFFUSION
- ☐ CHEST (LUMP / MASS)
- ☐ OTHER (PLEASE SPECIFY)

MUSKULOSKELETAL

- ☐ R ☐ L SHOULDERS
- ☐ R ☐ L ELBOWS
- ☐ R ☐ L WRISTS
- ☐ R ☐ L HANDS
- ☐ R ☐ L HIPS
- ☐ R ☐ L KNEES
- ☐ R ☐ L ANKLES
- ☐ R ☐ L ACHILLES TENDONS
- ☐ R ☐ L LUMPS

X-RAY WALK-IN

CHEST

- ☐ CHEST PA & LAT
- ☐ STERNUM
- ☐ STERNOCLAVICULAR JOINTS
- ☐ R ☐ L RIBS

ABDOMEN

- ☐ KUB
- ☐ ACUTE (3 VIEW)

SPINE & PELVIS

- ☐ CERVICAL SPINE
- ☐ THORACIC SPINE
- ☐ LUMBAR SPINE
- ☐ SACRUM & COCCYX
- ☐ PELVIS
- ☐ S I JOINTS

SKELETAL SURVEY

- ☐ ARTHRITIC
- ☐ METASTATIC
- ☐ SCOLIOSIS SERIES
- ☐ BONE AGE

HEAD & NECK

- ☐ SKULL
- ☐ SINUSES (NON-OHIP)
- ☐ FACIAL BONES
- ☐ NASAL BONES
- ☐ MANDIBLE
- ☐ TM JOINTS
- ☐ SOFT TISSUE NECK
- ☐ ORBITS (MRI)
- ☐ ADENOIDS
- ☐ MASTOIDS

UPPER EXTREMITIES

- ☐ R ☐ L SHOULDERS
- ☐ R ☐ L CLAVICLE
- ☐ R ☐ L AC JOINTS
- ☐ R ☐ L SCAPULA
- ☐ R ☐ L HUMERUS
- ☐ R ☐ L ELBOW
- ☐ R ☐ L FOREARM
- ☐ R ☐ L WRIST
- ☐ R ☐ L HAND
- ☐ R ☐ L SCAPHOID
- ☐ R ☐ L DIGITS

LOWER EXTREMITIES

- ☐ R ☐ L HIP
- ☐ R ☐ L FEUR
- ☐ R ☐ L KNEE
- ☐ R ☐ L TIBIA & FIBULA
- ☐ R ☐ L ANKLE
- ☐ R ☐ L FOOT
- ☐ R ☐ L CALCANEUS
- ☐ R ☐ L TOES

PROCEDURES

- ☐ THYROID FNA
- ☐ HYSTEROSONOGRAM
- ☐ ECHOVEST HYSTEROSONOGRAM

PREGNANCY RELEASE FORM

I DECLARE TO THE BEST OF MY KNOWLEDGE THAT I'M NOT PRESENTLY PREGNANT

SIGNATURE

BONE MINERAL DENSITOMETRY (WALK-IN)

- ☐ AS PER MINISTRY GUIDELINE

RESET FORM | SAVE | PRINT | EMAIL

THIS REQUISITION FORM CAN BE TAKEN TO ANY LICENSED FACILITY PROVIDING HEALTH CAR SERVICES INCLUDING HOSPITAL AND IHF, SUCH AS THOSE LISTED ON THE IHF PROGRAM WEBSITE.
http://www.health.gov.on.ca/en/public/programs/ihf/facilities.aspx