

ON

PATIENT'S LAST NAME		FIRST NAME		DATE OF BIRTH			SEX	
ADDRESS		TOWN/CITY		DAY	MONTH	YEAR	M	F
HEALTH NUMBER		TELEPHONE		POSTAL CODE				



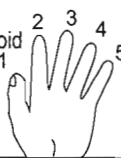

APPOINTMENT DATE AND TIME: _____

Missed appointments will be charged to you unless 24 hours notice is given. Appointments may be rescheduled if you are late.

**PATIENT INSTRUCTIONS AND CLINIC LOCATIONS ON BACK OF THIS FORM
PLEASE BRING THIS REQUISITION and YOUR HEALTH CARD TO YOUR APPOINTMENT**

STAT **VERBAL**

XRAY

<p>BARIUM STUDIES</p> <p><input type="radio"/> UGI</p> <p><input type="radio"/> Barium Swallow</p> <p><input type="radio"/> Small Bowel</p> <p><input type="radio"/> UGI/SB</p> <p><input type="radio"/> Barium Enema</p> <p>ABDOMEN</p> <p><input type="radio"/> KUB</p> <p><input type="radio"/> Acute ABD</p> <p>UPPER EXTREMITIES</p> <p>R L</p> <p><input type="radio"/> Shoulder</p> <p><input type="radio"/> Clavicle</p> <p><input type="radio"/> AC Joints</p> <p><input type="radio"/> Scapula</p> <p><input type="radio"/> Humerus</p> <p><input type="radio"/> Elbow</p> <p><input type="radio"/> Forearm</p> <p><input type="radio"/> Wrist</p> <p><input type="radio"/> Scaphoid</p> <p><input type="radio"/> Hand</p> <p><input type="radio"/> Digit</p> 	<p>HEAD & NECK</p> <p><input type="radio"/> Sinuses</p> <p><input type="radio"/> Skull</p> <p><input type="radio"/> Sella Turcica</p> <p><input type="radio"/> Facial Bones</p> <p><input type="radio"/> Nose</p> <p><input type="radio"/> Mandible</p> <p><input type="radio"/> T.M. Joints</p> <p><input type="radio"/> Adenoids</p> <p><input type="radio"/> Mastoids</p> <p><input type="radio"/> Neck for Soft Tissue</p> <p><input type="radio"/> Internal Auditory Meati</p> <p><input type="radio"/> Orbits</p> <p>LOWER EXTREMITIES</p> <p>R L</p> <p><input type="radio"/> Hip</p> <p><input type="radio"/> Femur</p> <p><input type="radio"/> Knee</p> <p><input type="radio"/> Tibia & Fibula</p> <p><input type="radio"/> Ankle</p> <p><input type="radio"/> Foot</p> <p><input type="radio"/> Calcaneus</p> <p><input type="radio"/> Toes</p> 	<p>SPINE & PELVIS</p> <p><input type="radio"/> Cervical Spine</p> <p><input type="radio"/> Thoracic Spine</p> <p><input type="radio"/> Lumbar Spine</p> <p><input type="radio"/> Scoliosis Series</p> <p><input type="radio"/> Sacrum & Coccyx</p> <p><input type="radio"/> S-I Joints</p> <p><input type="radio"/> Pelvis</p> <p>SKELETAL SURVEY</p> <p><input type="radio"/> Arthritic</p> <p><input type="radio"/> Metastatic</p> <p><input type="radio"/> Bone Age</p>	<p>CHEST</p> <p><input type="radio"/> Chest PA & LAT</p> <p><input type="radio"/> Chest PA Ins & Exp & Lat</p> <p><input type="radio"/> Chest PA</p> <p><input type="radio"/> Sternum</p> <p><input type="radio"/> Ribs & Chest PA</p> <p><input type="radio"/> R O L O</p> <p><input type="radio"/> Immigration</p> <p>OTHER VIEWS</p>
--	---	--	---

CARDIAC AND VASCULAR STUDIES

ECHOCARDIOGRAM

(M-mode, 2D and Colour Doppler)

RESTING ECG

ECG MONITORING (HOLTER)

EXERCISE STRESS TEST

AMBULATORY BLOOD PRESSURE MONITORING

CAROTID

PERIPHERAL ARTERIAL

Lower Limb R L

Upper Limb R L

PERIPHERAL VEINUS

Lower Limb R L

Upper Limb R L

PULMONARY FUNCTION TESTS

Spirometry (Pre & Post)

Pulmonary Function (PFT)

Methacholine Challenge (MCT)

Asthma Exercise Test

Cardio-Pulmonary Exercise (Metabolics)

BONE MINERAL ANALYSIS (DEXA)

BONE DENSITY HIP & SPINE

BREAST IMAGING

MAMMOGRAM

ULTRASOUND



ULTRASOUND

ABDOMEN

FEMALE PELVIC

Transabdominal

Transvaginal

Hysterosonogram

OBSTETRICAL

Routine

High Risk

BPP

Nuchal Translucency (NT)

PROSTATE ULTRASOUND

Transrectal (includes US kidneys)

Transabdominal

SMALL PARTS

Thyroid

Parathyroid

Salivary Glands

Thorax

Scrotum

Other _____

EXTREMITIES MUSCULOSKELETAL

R L

Shoulder

Elbow

Wrist & Hand

Knee

Ankle

Achilles Tendon

Hamstring

Hip

Plantar Fascia

Other _____

NUCLEAR MEDICINE

GENERAL NUCLEAR MEDICINE

BONE SCAN

Total Body

SPECT

Specific Site _____

GALLIUM SCAN

Total Body

Specific Site _____

RESPIRATORY

V/Q Lung Scan

RENAL FLOW & SCAN

DMSA (Cortical) Function

Relative GFR

With Lasix Intervention

With Captopril Intervention

G.I.

Liver/Spleen Scan-SPECT

Hepatobiliary Scan (HIDA)

Red Blood Cell Liver Scan

ENDOCRINE

Thyroid Scan

Thyroid Uptake

Thyroid Uptake & Scan

Parathyroid

MISCELLANEOUS

Salivary Gland Flow & Scan

White Blood Cell Scan _____

Other _____

NUCLEAR CARDIOLOGY

MYOCARDIAL PERFUSION STUDY

(includes rest and post stress ejection fractions)

with exercise (treadmill) stress, or

pharmacological (persantine) stress

MUGA (Multi-Gated Acquisition) - rest only (includes RV & LV ejection fractions)

Thallium - 201 Viability - rest only

CLINICAL

Referred By: _____ M.D.

Copy To: _____