

ON

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

APPOINTMENT DATE AND TIME: _____

This requisition can be taken to any lab

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

STAT **VERBAL**

XRAY

BARIUM STUDIES

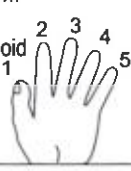
- UGI
- Barium Swallow
- Small Bowel
- UGI/SB
- Barium Enema

ABDOMEN

- KUB
- Acute ABD

UPPER EXTREMITIES

- R L
- Shoulder
- Clavicle
- AC Joints
- Scapula
- Humerus
- Elbow
- Forearm
- Wrist
- Scaphoid
- Hand 1
- Digit



HEAD & NECK

- Sinuses
- Skull
- Sella Turcica
- Facial Bones
- Nose
- Mandible
- T.M. Joints
- Adenoids
- Mastoids
- Neck for Soft Tissue
- Internal Auditory Meati
- Orbits

LOWER EXTREMITIES

- R L
- Hip
- Femur
- Knee
- Tibia & Fibula
- Ankle
- Foot
- Calcaneus
- Toes



SPINE & PELVIS

- Cervical Spine
- Thoracic Spine
- Lumbar Spine
- Scoliosis Series
- Sacrum & Coccyx
- S-I Joints
- Pelvis

SKELETAL SURVEY

- Arthritic
- Metastatic
- Bone Age

CHEST

- Chest PA & LAT
- Chest PA Ins & Exp & Lat
- Chest PA
- Sternum
- Ribs & Chest PA
- R O L O
- Immigration

OTHER VIEWS

BONE MINERAL ANALYSIS (DEXA)

- BONE DENSITY HIP & SPINE

BREAST IMAGING

- MAMMOGRAM
- ULTRASOUND



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 VEINOUS
 - Lower Limb R L
 - Upper Limb R L

PULMONARY FUNCTION TESTING

- Spirometry (Pre & Post)
- Pulmonary Function (PFT)
- Methacholine

GENERAL RADIOLOGY

ABDOMEN

- Transabdominal
- Transvaginal
- Hysterosonogram

OBSTETRICAL

- Routine
- High Risk
- BPP
- Nuchal Translucency (NT)

MALE PELVIC

- Transrectal (includes U/S kidneys)
- Transrectal+Uroflow (includes U/S kidneys)
- Transabdominal
- Transabdominal+Uroflow

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 _____

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

Referred By: _____ M.D.

Copy To: _____

PATIENT INSTRUCTIONS

ULTRASOUND PREPARATIONS

ABDOMINAL ULTRASOUND

- Fat free dinner the night before examination.
- No dairy products or fried foods.
- No carbonated drinks 12 hours prior to examination.
- Nothing to eat or drink after midnight.

PELVIC/OBSTETRICAL OR TRANSABDOMINAL PROSTATE

- Drink 6 large glasses (48 oz.) of clear fluids (water, juice, black coffee or tea).
- You must be finished drinking all 48 oz. of fluid one hour before the examination.
- **DO NOT VOID** – A full bladder is necessary for the examination.
- Please eat breakfast and lunch.

ABDOMINAL/PELVIC TOGETHER

- Fat free dinner the night before examination.
- Nothing to eat after midnight.
- Drink 6 large glasses (48 oz.) of clear fluids (water, juice, coffee or tea) one hour before examination).
- **DO NOT VOID** – A full bladder is necessary for the examination.

SCROTUM ULTRASOUND THYROID ULTRASOUND MUSCULOSKELETAL ULTRASOUND

No preparation required.

TRANSRECTAL PROSTATE ULTRASOUND PREPARATIONS:

- 1) Purchase FLEET ENEMA from the pharmacy. Follow instructions in the package. Take the enema 2 hours before the appointment time.
- 2) Drink 5 glasses of water 1 hour before examination. **DO NOT VOID** (urinate) until the examination is completed.

X-RAY PREPARATIONS

GASTRIC SERIES (UGI)

- Nothing to eat or drink after midnight.

SMALL BOWEL FOLLOW-THROUGH

- Nothing to eat or drink after midnight.
- This examination may take 1-3 hours.

BARIUM ENEMA (COLON - AIR CONTRAST)

ON THE DAY PRIOR TO THE EXAMINATION:

- 12 noon – liquid lunch
- Take Colyte, Golytely or Klean Prep. at 12:30 p.m. Follow instructions on package.
- Liquids only until midnight. No solids after midnight. If diabetic consult your Doctor.

MAMMOGRAM

- No deodorant or powder.

BONE DENSITOMETRY

- No calcium on day of exam.

PULMONARY FUNCTION TESTS

DO NOT TAKE ANY ALLERGY, COLD, OR ASTHMA MEDICATION (PUFFERS) 72 HRS BEFORE TEST.

4 HRS PRIOR NO COFFEE, NO SMOKING.

CERTAIN EXAMINATIONS ARE DONE AT SPECIFIC LOCATIONS. PLEASE CALL FOR FURTHER INFORMATION.

PLEASE BRING THIS REQUISITION AND YOUR HEALTH CARD.

NORTH YORK:

- 2065 Finch Ave. W. #B1 (Oakdale Professional Bldg)
PH: 416-745-8050 FX: 416-745-1125

VAUGHAN:

- 8333 Weston Rd. #B04 (Columbus Medical Arts Bldg)
PH: 905-850-7478 FX: 905-850-6934
(*booking line for this location only)
PH: 905-850-2265

MISSISSAUGA:

- 3461 Dixie Rd. #201 at Bloor (High Point Medical Centre)
PH: 905-625-9886 FX: 905-625-0780
- 1420 Burnhamthorpe Rd. E. #103 (at Dixie)
PH: 905-624-3869 FX: 905-624-5660
- 3420 Hurontario St. #205 at West Central Pkwy. (City Centre Medical Arts Bldg)
PH: 905-270-5933 FX: 905-270-6169

Associated Divisions - at above addresses

OBSP - North York West - The Lastman Clinic
OBSP - Mississauga - Mississauga Breast Imaging Centre
OBSP - Vaughan - Vaughan Breast Imaging Centre
Mississauga Vascular Lab
North York West Vascular Lab
Vaughan Vascular Lab
Vaughan Nuclear Medicine Services
Vaughan Imaging Consultants
Ontario Musculoskeletal Imaging Centre (OMIC)
York Finch Radiology Associates

LOCATIONS

NUCLEAR MEDICINE PATIENT INSTRUCTIONS

Please advise if pregnant or breast feeding.

THYROID UPTAKE AND SCAN

- Thyroid medication will affect the outcome of the test.
- Check with your Doctor regarding your medications.
- Please bring a list of all medications.
- **DAY 1:** nothing to eat or drink during 1 hour prior to test.
- **DAY 2:** no restrictions, resume regular diet
- No iodinated contrast injection (angiography, CT, IVP) in the prior 6 weeks.

SALIVARY SCAN

- No iodinated contrast injection (angiography, CT, IVP) in the prior 6 weeks.

RENAL SCAN WITH GFR

- Drink 2 glasses of water / juice 30 minutes prior to test.

RENAL CAPTOPRIL STUDY

- Nothing to eat 4 hours prior to the test.
- Patients should be off ACE inhibitors for 72 hours prior to test.
- Please check with your referring Doctor.
- Bring all medications you are taking with list of dosage amount and frequency.

LIVER / SPLEEN SCAN, RBC LIVER, LUNG V/Q SCAN, GALLIUM SCAN, PARATHYROID SCAN

- No preparation required.

BONE SCAN

- No barium for 48 hours prior.
- No preparation required.
- Two parts, approximately 3-4 hours in total.

HEPATOBIILIARY (HIDA) SCAN

- Nothing to eat or drink for 4 hours prior to test.

V/Q LUNG SCAN

- Must have chest x-ray 24 hours prior to test.

NUCLEAR CARDIOLOGY

- Patients should check with their Doctor whether or not to discontinue use of any HEART MEDICATIONS.
- Patients should have no breakfast on the day of the test and **NO CAFFEINE** (tea, coffee, chocolate, cola) 24 hours prior to test.
- Bring comfortable running shoes and shorts or pants for the exercise test.
- Bring all HEART AND OTHER MEDICATIONS you are currently taking / bring list of with dosage amount and frequency.
- The MYOCARDIAL PERFUSION STUDY examination consists of two parts which last approximately 5-6 hours in total duration. The majority of the time will be spent in the department.
- The Resting MUGA (ventricular function) consists of one part and lasts about 1-1.5 hours.

DIABETICS

- Morning of test. Have a light breakfast and continue diabetic oral medication or insulin **as normal**.

EXERCISE STRESS TEST

- Bring all medications.
- Patients to wear running shoes.
- Try to avoid caffeine before test.
- Patients may have a light breakfast before test.