Victoria Diagnostic Imaging Requisition

WE HAVE MOVED

PATIENT INFORMATION

PATIENT'S NAME:

OHIP# Version Code

DATE OF BIRTH: TEL:
MM DD YYYY

MALE | FEMALE

APPOINTMENT

DATE (MM DD YYYY) | TIME

REQUEST FOR STAT REPORTS

VERBAL - TEL: | FAX:

CC

VICTORIA X-RAY ULTRASOUND

Unit 201, 1252 Lawrence Ave. E. North York, ON M3A 1C3

Tel: 416-335-0323 Fax: 416-335-0036

www.victoriamedicalgroup.ca

FREE

OFFICE HOURS
Mon - Fri : 8:30AM - 6PM
Sat : 8:30AM - 5PM
Sun : Closed

Directors of Medical Imaging: Dr. K. Merali & Dr. W. Deitel

GENERAL X-RAY | ULTRASOUND | MSK | CARDIAC TESTS | BONE MINERAL DENSITY

ULTRASOUND

GENERAL

ABDOMEN
PELVIS
TRANSVAGINAL
MALE PELVIS
TRANSRECTAL/PROSTATE/PELVIS
KIDNEYS AND BLADDER

OBSTETRICAL

FIRST TRIMESTER / DATING
IPS/NUCHAL TRANSLUCNCY (11-14 WEEKS)
2nd or 3rd TRIMESTER
18 WEEKS ANATOMY
BIOPHYSICAL PROFILE (BPP)

SMALL PARTS

__ TESTES/SCROTUM
GROIN/INGUINAL
THYROID
SOFT TISSUE/LUMP
PAROTID GLANDS
SUBMANDIBULAR GLANDS

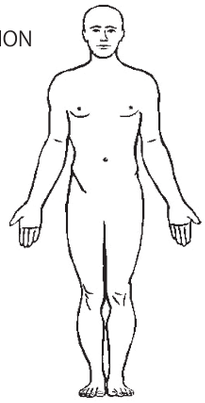
MUSCULOSKELETAL

UPPER EXTREMITY

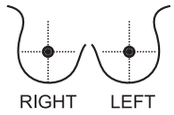
SHOULDER/AC JOINT
ELBOW
WRIST / HAND
PERISCAPULAR REGION
ARM
FOREARM

LOWER EXTREMITY

HIP
__ KNEE
__ ANKLE / FOOT
ACHILLES TENDON
PLANTAR FASCIA
GLUTEAL REGION
__ HAMSTRING
__ THIGH
__ CALF
__ OTHER MUSCLES



BREAST IMAGING



RIGHT LEFT

ULTRASOUND

| RIGHT LEFT
__ BILATERAL

CARDIAC CONSULTATION & TESTS

CARDIOLOGY CONSULTATION
__ ECHOCARDIOGRAM
__ STRESS ECHO
__ CONTRAST ECHO / STRESS ECHO
__ STRESS ECG TEST ECG
24/48/72 HRS HOLTER MONITORING
14 DAYS CARDIAC LOOP MONITORING

Accredited Echocardiography Laboratory

X-RAY – No Appointment Needed

CHEST

__ CHEST PA & LAT
RIBS R | L
CHEST PA INS & EXP
STERNUM

SURVEYS

__ ARTHRITIC
__ METASTATIC

ABDOMEN

SINGLE VIEW (K.U.B.)
3 VIEWS

SPINE & PELVIS

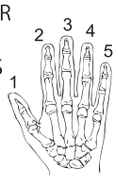
CERVICAL SPINE
__ THORACIC SPINE
LUMBAR SPINE
SACRUM/COCCYX
S.I. JOINTS
PELVIS
HIP

HEAD & NECK

SKULL
ADENOIDS
FACIAL BONES
NOSE
MANDIBLE
T.M. JOINTS
MASTOIDS
__ ORBITS/MRI

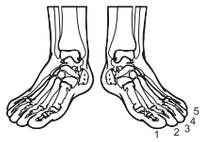
UPPER EXTREMITIES

CLAVICLE
__ A.C. JOINTS
S.C. JOINTS
__ __ SHOULDER
SCAPULA
HUMERUS
__ ELBOW
__ __ FOREARM
__ __ WRIST
HAND
FINGER # _____
BONE AGE



LOWER EXTREMITIES

__ __ | FEMUR
__ __ | KNEE
| TIB. & FIB.
| ANKLE
| FOOT
__ __ | TOE# _____
__ | CALCANEOUS



BONE DENSITY AND CARDIOVASCULAR

BONE MINERAL DENSITY (DEXA)
STRESS ECHO
STRESS ECG TEST
__ CAROTID DOPPLER
LEG ARTERIES
LEG VEINS

Available at: 45 Overlea Blvd., Suite B6, Lower Level
East York Town Centre, Toronto, ON M4H 1C3
To book an appointment, call 416-421-5065

CLINICAL INFORMATION

_____
REFERRING PHYSICIAN'S SIGNATURE

Ultrasounds are by appointment. Please arrive 15 minutes before appointment time. Patients who arrive late for their appointment may be rebooked. Please call 24 hours in advance if you need to change your appointment.

(See reverse side for patient instructions & map • **Please bring health card and this requisition.**)

Revised Mar 2021

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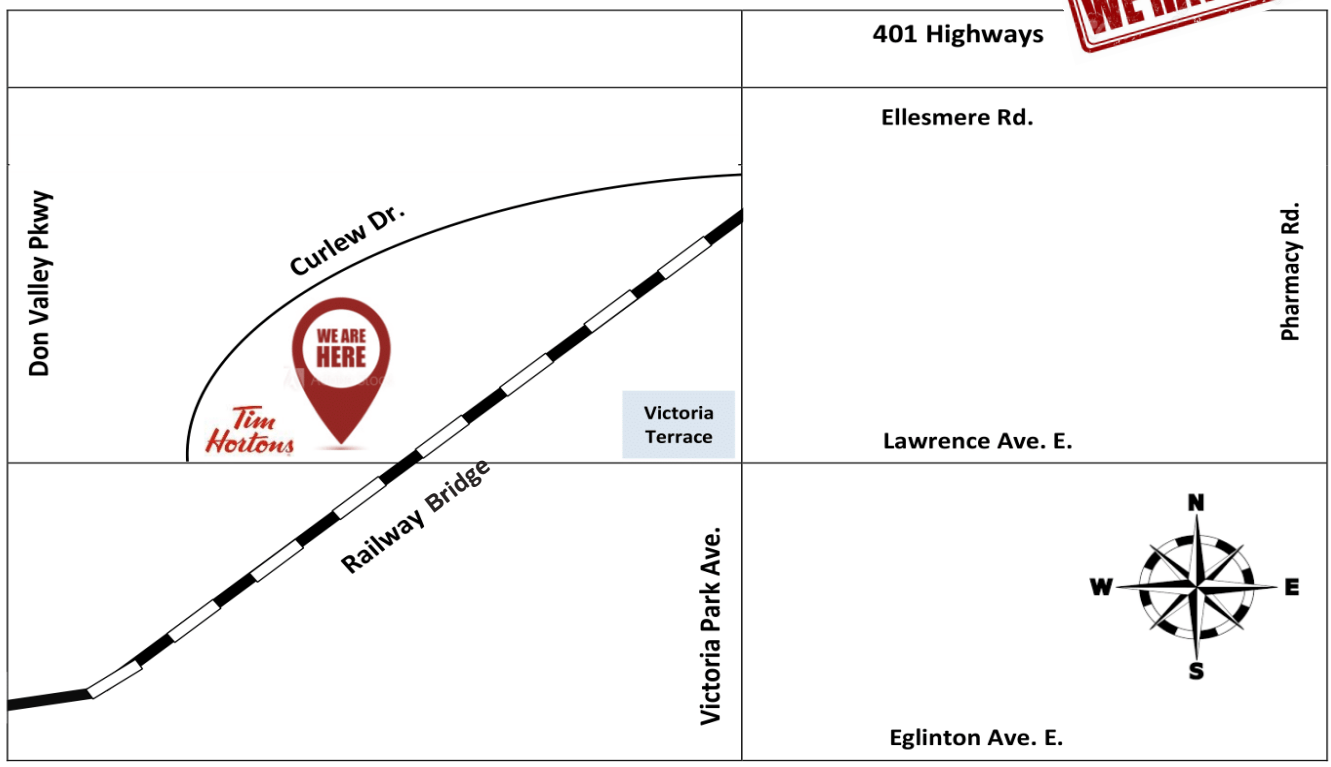
Tel: 416-335-0323 Fax: 416-335-0036

HOW TO FIND US:

We are **NOT** in Victoria Terrace Shopping Mall.
We are beside Drive-Thru Tim Hortons Plaza.
Our entrance & parking lot are on Curlew Drive, the back of the building.

WE HAVE MOVED



PATIENT INSTRUCTIONS FOR ULTRASOUND PROCEDURES

ABDOMEN:
Nothing to eat or drink for 8 hours prior to examination.

PELVIS / PREGNANCY (OBSTETRICAL)
1 hour before appointment, drink 40 fluid ounces (5 glasses) water, tea, coffee or juice. Do not void since a full bladder is required for the examination.

ABDOMEN & PELVIS:
Nothing to eat for 10 hours prior to examination. 1 hour before appointment, finish drinking 5 glasses (40 ounces) of water. Do not **void** as full bladder is required for pelvic exam.

MALE PELVIS /TRANSRECTAL COMBINED: Purchase Fleet Enema from pharmacy. Proceed with enema 2 hours prior to exam following instructions on the package. Finish drinking 5 glasses of water 1 hour before examination. Do not empty your bladder.

STRESS ECHO / TEST: Ask your doctor if you should be stopping any of your medications.
Please wear a pair of runners.

HOLTER MONITORING: Be prepared for **NO SHOWER** during 24 / 48 / 72 hours.

(This requisition form can be taken to any licencsed facility providing healthcare services.)

Revised Mar 2021