East York Diagnostic Services

45 Overlea Blvd., Suite B4, Lower Level,
Toronto, ON M4H 1C3
Tel: 416.421.5065, 416.696.9836 ext.460 Fax: 416.421.0301

HOW TO FIND US:
We are Located on Basement Level
Inside East York Town Centre Shopping Mall

APPOINTMENT

Date : ____________

Time : ____________

PATIENT INFORMATION

Patient's Name : ____________ Date of Birth : ____________ ☐ MALE

OHIP# : ____________ Tel: ____________ ☐ FEMALE

CARDIAC TESTS

- ☐ Cardiology Consultation
- ☐ Echocardiogram
- ☐ Stress ECG Test ☐ ECG
- ☐ Stress Echo (Exercise ECG + Echo)
- ☐ 14 Days Cardiac Loop Monitoring
- ☐ 24 / 48 / 72 hours Digital Holter Monitoring
- ☐ Arrange Consult If Test Result is Abnormal

VASCULAR DOPPLER

- ☐ Carotid Doppler
- ☐ Lower Venous Doppler L R
- ☐ Aortorenal Artery Doppler
- ☐ Vascular Assessment For Impotency
- ☐ Lower Limb Arteries with Aorto-Iliacs L R
- ☐ Lower Limb Arteries without Aorto-Iliacs (Sub-Inguinal) L R

BONE MINERAL DENSITY

- ☐ Bone Mineral Density (DEXA) HIP & Spine
- ☐ High Risk
- ☐ Routine

X-RAY (Walk in)

CHEST

- ☐ Chest PA & LAT
- ☐ Ribs L R
- ☐ Sternum

SPINE & PELVIS

- ☐ Cervical Spine
- ☐ Thoracic Spine
- ☐ Lumbar Spine
- ☐ Sacrum / Coccyx
- ☐ S. I. Joints
- ☐ Pelvis
- ☐ Hip L R

HEAD & NECK

- ☐ Skull
- ☐ Sinuses
- ☐ Facial Bones
- ☐ Nose
- ☐ Mandible
- ☐ T.M.Joints
- ☐ Mastoids
- ☐ Orbits / MRI
- ☐ Adenoids

ABDOMEN

- ☐ Single View (K.U.B)
- ☐ 3 Views

UPPER EXTREMITIES

- L R Clavicle
- L R Shoulder / AC Joints
- L R Hand / Wrist
- L R A.C. Joints
- L R S.C. Joints
- L R Shoulder
- L R Scapula
- L R Humerus
- L R Elbow
- L R Forearm
- L R Wrist
- L R Hand
- L R Finger # ____________

1 2 3 4 5

LOWER EXTREMITIES

- L R Femur
- L R Knee
- L R TIB & FIB
- L R Ankle
- L R Foot
- L R Toe #______
- L R Calcaneus
- ☐ Others ____________

1 2 3 4 5

ULTRASOUND (By Appointments)

GENERAL

- ☐ Abdomen
- ☐ Pelvis
- ☐ Abdomen / Pelvis
- ☐ Transvaginal
- ☐ Kidneys and bladder
- ☐ Transrectal / Prostate / Pelvis

SMALL PARTS

- ☐ Testes / Scrotum
- ☐ Thyroid
- ☐ Groin / Inguinal
- ☐ Soft Tissue / Lump
- ☐ Parotid Glands
- ☐ Submandibular Glands

OBSTETRICAL

- ☐ First Trimester Dating Ultrasound
- ☐ 18 Weeks Anatomy
- ☐ 2nd or 3rd Trimester
- ☐ IPS / Nuchal Translucency (11-14weeks)
- ☐ Biophysical Profile (BPP)

UPPER EXTREMITY

- L R Shoulder / AC Joint
- L R Elbow
- L R Wrist / Hand
- L R Periscapular Region
- L R Arm
- L R Forearm

LOWER EXTREMITY

- L R Hip
- L R Knee
- L R Ankle / Foot
- L R Achilles Tendon
- L R Plantar Fascia
- L R Gluteal Region
- L R Hamstring
- L R Thigh
- L R Calf
- L R Other Muscles

BREAST IMAGING

- ☐ Bilateral
- ☐ Left ☐ Right

RIGHT LEFT

CLINICAL INRORMATION

☐ STAT ☐ VERBAL ☐ COPY TO:

____
REFERRING PHYSICIAN'S SIGNATURE

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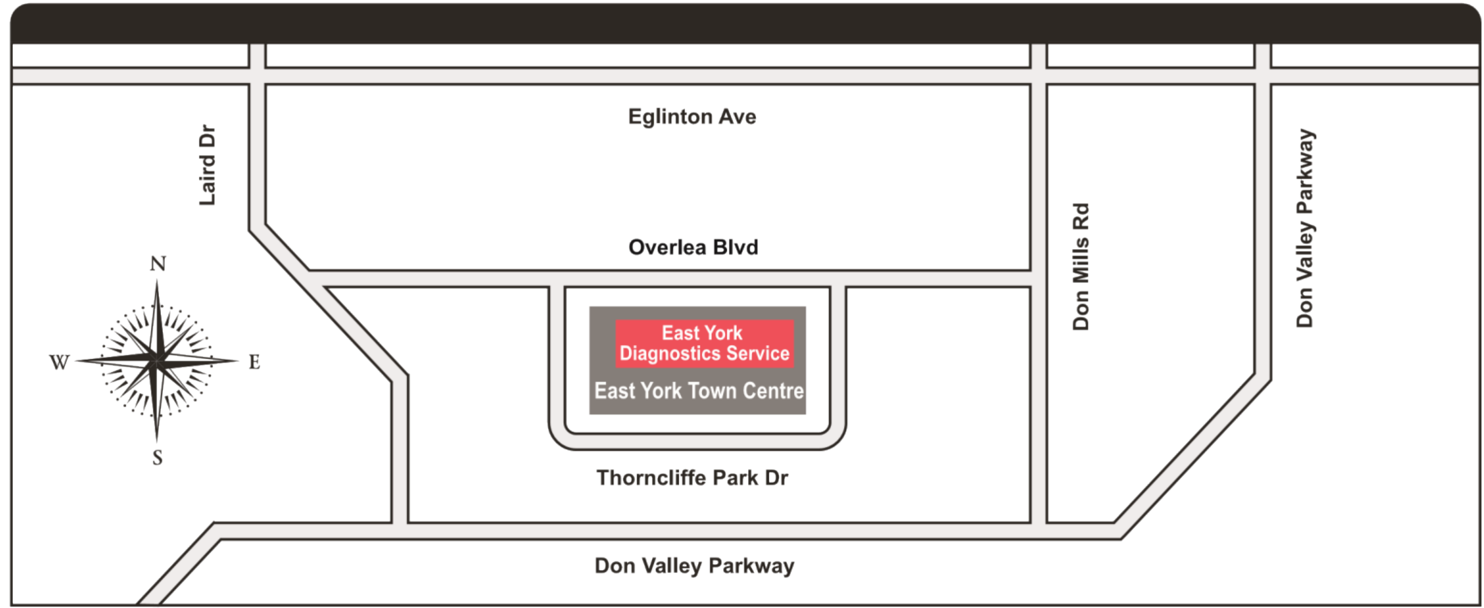

PATIENT INSTRUCTIONS FOR ULTRASOUND PROCEDURES

ABDOMEN: Nothing to eat or drink for 10 hours prior to examination.

PELVIS / PREGNANCY (OBSTERICAL): 1 hour before appointment, finish drinking 40 fluid ounces (5 glasses) water, tea, coffee or juice. Do not void since a full bladder is required for 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 a full bladder is required for the pelvis exam.

MALE PELVIS / TRANSRECTAL COMBINED: Purchase Fleet Enema from pharmacy. Proceed with enema 2 hours prior to exam following instructions on the package. 1 hour before appointment, finish drinking 40 fluid ounces (5 glasses) water, tea, coffee or juice. Do not void since a full bladder is required for examination.

STRESS ECHO / TEST: Please wear comfortable running shoes. Ask your doctor if you should be stopping any of your medications.

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

X-RAY / BONE MINERAL DENSITY: Comfortable clothing without necklace, clips, pins or metal.

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