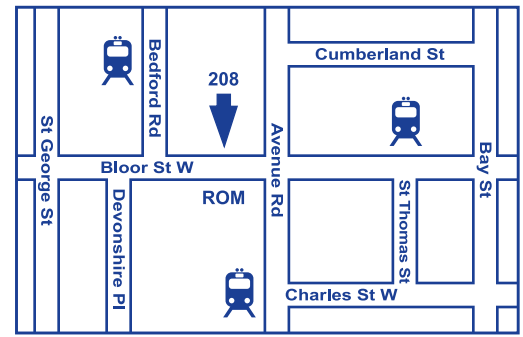




# TORONTO ULTRASOUND IMAGING & CARDIOVASCULAR LABORATORY

- Walk-in welcome  
Mon-Thurs 8:00am-7:30pm  
Fridays 8:00am-5:00pm
- Open on **Saturdays** (by appointment)
- Book on-line at [www.torontoultrasound.ca](http://www.torontoultrasound.ca)

208 BLOOR STREET WEST, SUITE 711  
TORONTO, ON, M5S 3B4  
TEL: 416-921-1333  
FAX: 416-921-0444



Patient's Name: \_\_\_\_\_ Referred by: \_\_\_\_\_

Phone: \_\_\_\_\_ OHIP: \_\_\_\_\_  Walk-In  Appointment: \_\_\_\_\_

Clinical Information: \_\_\_\_\_

## PLEASE BRING YOUR HEALTH CARD AND THIS REQUISITION FORM

### ULTRASOUND EXAMINATIONS

**Abdomen**

- Nothing to eat or drink 8 hours prior to examination

**Abdomen - Pelvic**

- Nothing to eat for 8 hours.
- Drink 5 glasses of water (35 - 40 oz).  
To be finished one hour before the test.
- **DO NOT VOID**

**Gynecology/Pelvic**  
(includes transvaginal,  
unless contraindicated)

**Obstetrical < 16 wks.**  
 **Obstetrical > 16 wks.**  
 **Obstetrical (High-Risk)**  
 **Prostate and Kidneys**

- Drink 5 glasses of water (35 - 40 oz).  
To be finished one hour before the test.
- **DO NOT VOID**

**Pelvic - Transabdominal**

**Prostate - Transrectal**

- 1) Purchase **FLEET ENEMA** from the pharmacy.  
Follow the 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

**Breast & Axilla**  R  L

**Chest Masses**

**Aorta (AAA)**

**Thyroid**

**Neck**

**Parotid & Submandibular Glands**

**Testicular**

**Inguinal area**

**Other Soft Tissue**

### MUSCULOSKELETAL

R  L **Shoulder / AC Joint**

**Neck Muscles**

R  L **Calf**

R  L **Knee / Popliteal Fossa**

R  L **Thigh**

R  L **Hamstring & Gluteal area**

R  L **Hip**

R  L **Hip Joint**

R  L **Tendons**

R  L **Wrists & Hands**

R  L **Carpal Tunnel**

**Other Musculoskeletal**

R  L **Elbow**

R  L **Forearm Muscles**

R  L **Ankle**

R  L **Achilles Tendons**

R  L **Foot**

R  L **Plantar Fascia**

### VASCULAR

**ARTERIAL DUPLEX:**

- Lower Extremities (Incl. Aorta, ABI)
- Upper Extremities

**VENOUS DUPLEX: (R/O DVT, Venous Insufficiency/Reflux)**

- Lower Extremities (Incl. iliac veins, IVC)
- Upper Extremities

**CAROTID DUPLEX**

**AORTIC SCREENING for ANEURYSM**

**ECHOCARDIOGRAPHY (2D & Colour Doppler)**

**OTHER** \_\_\_\_\_

**Holter Monitoring**  **48 HRS.**  **72 HRS.**