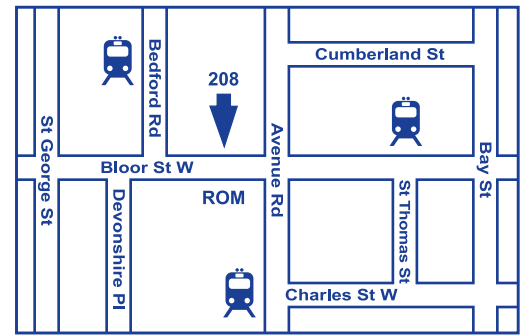




TORONTO ULTRASOUND IMAGING

208 BLOOR STREET WEST, SUITE 711
TORONTO, ONTARIO M5S 3B4

TEL: 416-921-1333 FAX: 416-921-0444
EMAIL: 208torontoultrasound@gmail.com
WEBSITE: www.torontoultrasound.ca



Please book an appointment by phone, fax or email.
Check our website [torontoultrasound.ca](http://www.torontoultrasound.ca) for more information.

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

☐ Kidney

☐ Male Pelvis

☐ Bladder

Drink 5 glasses of water 1 hour before examination.
DO NOT VOID (urinate) until the examination is completed

☐ Transrectal

Purchase **FLEET ENEMA** from the pharmacy.
Follow the instruction in the package.
Take the enema 2 hours before the appointment time.

☐ Female Pelvis

☐ Nuchal Translucency-IPS

☐ Transvaginal

☐ BPP

☐ Obstetrical < 16 wks.

☐ Doppler

☐ Obstetrical > 16 wks.

☐ Fetal Position

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

☐ Breast ☐ R ☐ L

☐ Chest Masses

☐ Aorta (AAA)

☐ Thyroid

☐ Neck

☐ Parotid & Submandibular Glands

☐ Testicular

☐ Inguinal area ☐ R ☐ L

☐ Other Soft Tissue

MUSCULOSKELETAL

☐ R ☐ L Shoulder

☐ R ☐ L Thigh

☐ R ☐ L Axilla

☐ R ☐ L Knee

☐ R ☐ L Hip Joint

☐ R ☐ L Hamstring & Gluteal area

☐ R ☐ L Hip

☐ R ☐ L Carpal Tunnel

☐ R ☐ L Calf

☐ R ☐ L Wrists & Hands

☐ R ☐ L Forearm Muscles

☐ R ☐ L Other Musculoskeletal

☐ R ☐ L Elbow

☐ R ☐ L Achilles Tendons

☐ R ☐ L Ankle

☐ R ☐ L Plantar Fascia

☐ R ☐ L Foot

☐ OTHER _____

This requisition form can be taken to any licensed facility providing healthcare services including hospitals and IHFs, such as those listed on the IHF Program website: <http://www.health.gov.on.ca/en/public/programs/ihf/facilities.aspx>.