| TORONTO ULTRASOUND IMAGING 208 BLOOR STREET WEST, SUITE 711 TORONTO, ONTARIO M5S 3B4 TEL: 416-921-1333 FAX: 416-921-0444 Walk-in welcome. Please call to check availability for the day Mon-Fri 8:00am-7:00pm Open on Saturdays (by appointment) Visit Our Website at www.torontoultrasound.ca | | | | Bloor St V Devonshire Pl | ROM | Cumberland St | Bay St |
|--|-------|--------------|---|-----------------------------|-----|---------------|--------|
| Patient's Name: | | Referred by: | | | | | |
| Phone: | OHIP: | Walk-In 🛛 | A | pointme | nt: | | |
| 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 ☐ ☐ Bladder | Male Pelvis | 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. | | | | | |
| Transvaginal Obstetrical < 16 wks. | Nuchal Translucency-IPS BPP Doppler Fetal Position | Drink 5 glasses of water (35 - 40 oz). To be finished one hour before the test. DO NOT VOID | | | | | |
| ❑ Breast R L ❑ Thyroid ❑ Testicular | Chest Masses Neck Inguinal area R | | Aorta (AAA) Parotid & Submandibular Glands Other Soft Tissue | | | | |
| MUSCULOSKELETAL | | | | | | | |
| R L Shoulder | R 📙 Thigh | RL | Axilla | | | | |
| R L Knee | R L Hip Joint | | Hamstring & Gluteal area | | | | |
| R L Hip | 🖻 🕒 Carpal Tunnel | | | | | | |
| R L Wrists & Hands | R L Forearm Muscle | | Other Musculoskeletal | | | | |
| | R L Achilles Tendor | IS | | | | | |
| | R 📙 Plantar Fascia | | | | | | |
| R L Foot | | | | | | | |
| | VASCUL | AR | | | | | |
| ARTERIAL DUPLEX: VENOUS DUPLEX: (R/O DVT, Venous Insufficiency/Reflux) | | | | | | | |
| | | Lower Extremities (Incl. iliac veins, IVC) | | | | | |
| Upper Extremities | | | | | | | |
| CAROTID DUPLEX AORTIC SCREENING for ANEURYSM | | | ANEUKISM | | | | |
| | | | | | | | |

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.