

# YORKVIEW X-RAY & ULTRASOUND

3695 Keele St., 100 A, North York, ON, M3J 1N2

Tel: (416) 631-0007 Fax: (416) 631-0777

PATIENT NAME: \_\_\_\_\_

CLINICAL INFORMATION: \_\_\_\_\_

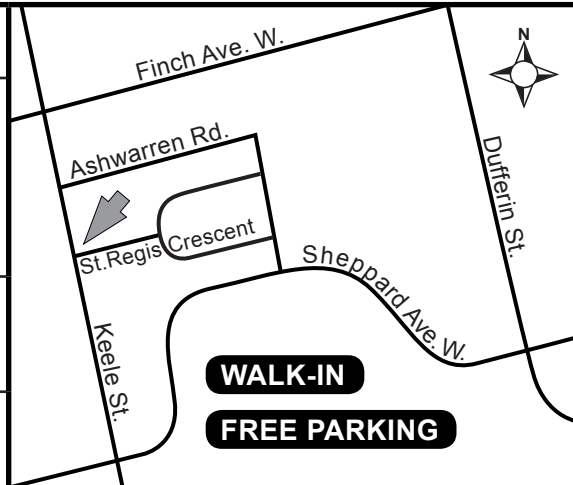
REFERRED BY: \_\_\_\_\_

MD SIGNATURE \_\_\_\_\_

CC: \_\_\_\_\_

I declare to the best of my knowledge I am not presently pregnant.

Signature \_\_\_\_\_



## X-RAY

### ABDOMEN

- Plain Film (KUB)
- Acute (3 views)

### HEAD & NECK

- Skull
- Sinuses
- Adenoids
- Soft Tissue of Neck
- Pituitary Fossa
- Nasal Bones
- Facial Bones
- Mandible
- T.M. Joints
- Orbits
- Other \_\_\_\_\_

### CHEST

- Chest
- Ribs
- Sternum
- S.C. Joints

### SPINE & PELVIS

- Cervical Spine
- Dorsal Spine
- Lumbo-Sacral Spine
- Sacrum & Coccyx
- S.I. Joints
- AP Pelvis
- Pelvis & Hip

### SKELETAL SURVEY

- Metastatic Series
- Arthritis Series
- Metabolic Series

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>.

### UPPER EXTREMITIES

- Shoulder  Both
- Clavicle  Both
- A.C. Joints  Both
- Scapula  Both
- Humerus  Both
- Elbow  Both
- Forearm  Both
- Wrist  Both
- Scaphoid  Both
- Hand  Both
- Fingers  Both

No. 1 2 3 4 5

### LOWER EXTREMITIES

- Hip  Both
- Femur  Both
- Knee  Both
- Tibia & Fibula  Both
- Ankle  Both
- Foot  Both
- Calcaneus  Both
- Toes  Both

No. 1 2 3 4 5

## ULTRASOUND EXAMINATIONS

### GENERAL

- Abdomen
- Abdomen + Limited Pelvis
- Abdomen + Pelvis
- Pelvis: Pre-Post Void
- Female Pelvis
- Transvaginal
- Male Pelvis
- Prostate-Transrectal
- Testicular/Scrotal
- Thyroid
- Hernia \_\_\_\_\_
- Breast  Both

### OBSTETRICAL

- Obstetrical - Dating
- Obstetrical - Nuchal Translucency (IPS1/ IPS 2)
- Obstetrical - High Risk
- Obstetrical - Anatomy Scan
- Obstetrical + Biophysical Profile

### MUSCULOSKELETAL / EXTREMITIES

- Shoulder  Both
- Elbow  Both
- Wrist / Hand  Both
- Knee  Both
- Ankle / Achilles Tendon  Both
- Thigh  Both
- Hip  Both
- Foot / Plantar Fascia  Both
- Soft Tissue \_\_\_\_\_  Both
- Other \_\_\_\_\_  Both

## ULTRASOUND PREPARATIONS

### ABDOMEN

**Morning appointment:**  
Nothing to eat or drink after midnight. No breakfast.  
**Afternoon appointment:**  
Nothing to eat at least 6 hours before examination.

### PELVIC and PREGNANCY

Drink 4 glasses of water (1.0 L)  
Finish drinking 60 minutes before the test.  
**DO NOT GO TO THE WASHROOM**

### ABDOMEN and PELVIC

1) DO NOT EAT for 6 hours prior to examination..  
2) Drink 4 glasses of water (1.0 L)  
**DO NOT GO TO THE WASHROOM**

### 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 4 large glasses of water (1.0 L)  
Finish drinking 60 minutes before the test.  
**DO NOT GO TO THE WASHROOM**

**PLEASE BRING THIS FORM  
AND YOUR HEALTH CARD**