



MOBILE X-RAY, MOBILE GENERAL AND VASCULAR ULTRASOUND

PATIENT INFORMATION (Patient label can be placed below)

Last Name :

First Name :

Sex : M

Head Office: 433 Springbank Drive
London, ON N6J 4S2
Phone: 519-601-3007

Health Card Number

Version

Date of Birth: Y Y Y Y M M D D

Patients Location Room No:

Ottawa Office: 840 Montreal Road
Suite 503
Ottawa, ON K1K 4W3
Phone: 613-263-0264

FACILITY AND REQUESTING PROVIDER INFORMATION

Facility Name :

Requesting Provider/MD Name:

FILL FOR STAT CASES :

Verbal/Tel :

Fax :

Please Fax To:
1 888-250-3235

CLINICAL INFORMATION :

Note: This requisition form can be taken to any licensed facility providing healthcare services including hospital and independent health care facilities such as those listed on program website: <http://www.health.gov.on.ca/en/public/program/ihf/facilities.aspx>

ULTRASOUND

GENERAL

- ☐ Abdomen
- ☐ Female Pelvis
- ☐ Male Pelvis
- ☐ Transrectal
- ☐ Limited Abdomen
- ☐ Kidneys & Bladder
- ☐ Aorta
- ☐ Soft Tissue / Lump
- ☐ Breasts
- ☐ Others _____

SMALL PARTS

- ☐ Thyroid
- ☐ Sub Mandibular Glands
- ☐ Parotid Glands
- ☐ Testes / Scrotum
- ☐ Groin Penile

VASCULAR

- ☐ Lower Limb Arterial Doppler
- ☐ Lower Limb Venous Doppler
- ☐ Upper Limb Arterial Doppler
- ☐ Upper Limb Venous Doppler
- ☐ Carotid Doppler

L R MUSCULOSKELETAL

- ☐ Neck
- ☐ Shoulder
- ☐ Arm
- ☐ Elbow
- ☐ Forearm
- ☐ Wrist & Hands
- ☐ Hip joint / Greater Trochanter
- ☐ Lumbar sacral / Gluteal Region
- ☐ Hamstring / Thigh
- ☐ Cervical Region
- ☐ Thoracic Region

Knee / Pop Fossa
Calf
Foot / Ankle
Achilles Tendon / Plantar Fascia
Other Muscle Area _____

RADIOLOGY

CHEST

Chest P.A.
P.A. & Lateral
Ribs L R
Sternum
Others : _____

ABDOMEN

Single View
Two or More Views

SPINE AND PELVIS

Thoracic Spine
Lumbosacral Spine
(Weight restriction 65 Kg)
Sacrum & Coccyx
Pelvis
Pelvis & Hip L R

UPPER EXTREMITIES

L R Clavicle
L R Shoulder
L R Humerus
L R Elbow
L R Forearm
L R Wrist
L R Scaphoid
L R Hand
L R Wrist & Hand
L R Finger & Thumb

LOWER EXTREMITIES

Hip L R
Femur L R
Knee L R
Tibia & Fibula L R
Ankle Foot L R
Toe L R

Referring Provider /Physician : _____

CC : _____

PREPARATION (for your information only not needed to be faxed with requisition)

ULTRASOUND

PELVIS

- Includes Uterus, Ovaries, Bladder and Prostate

A FULL BLADDER IS REQUIRED FOR THIS EXAMINATION

You must finish drinking 32 ounces (1 litre) of clear fluids (water is preferred) 1 hour before your appointment time. (For example, if your appointment is for 10:00, start drinking at 8:30 and finish drinking by 9:00)

Do not go to the washroom! Eat as usual

ABDOMEN

-Includes Gall Bladder, Liver, Pancreas, Aorta, Kidneys

DO NOT EAT OR DRINK FOR 8-12 HOURS BEFORE THIS EXAMINATION.

Do not eat fried or fatty food on the day before your appointment.

- Please Note : A small amount of water is allowed if thirsty or with medication.

ABDOMEN & PELVIS

When both exams have been requested by your doctor

DO NOT EAT FOR 8-12 HOURS BEFORE THIS EXAMINATION

Do not eat fried or fatty food on the day before your appointment

A FULL BLADDER IS REQUIRED FOR THIS EXAMINATION. You must finish drinking 32 ounces (1 litre) of water by 1 hour before your appointment time. (For example, if your appointment is for 10:00, start drinking at 8:30 and finish drinking by 9:00)

Do not go to the washroom!

NO PREPARATION NECESSARY

**ULTRASOUND - NECK, THYROID, SCROTUM, BREAST, MUSCULOSKELETAL, SUPERFICIAL MASSES, VASCULAR.
X-RAY / RADIOLOGY**

HEADOFFICE

WESTMINSTER MOBILE MEDICAL IMAGING INC.

433 Springbank Drive, London, ON N6J 4S2

Phone: 519-601-3007

Fax : 1 888-250-3235

Email: info@wmmii.ca

PLEASE HANDOVER ORIGINAL REQUISITION TO TECHNOLOGIST - ALL CANCELLATIONS MUST BE MADE 24 HOURS IN ADVANCE