



APPOINTMENT

DAY _____
TIME _____
DD/MM/YYYY

PLEASE, ARRIVE 15 MIN BEFORE YOUR APPT. TIME TO ALLOW FOR REGISTRATION
YOUR STUDY MAY HAVE TO BE RESCHEDULED IFF ARRIVING LATE
\$120 MAY BE CHARGED FOR LAST MINUTE CANCELLATIONS AND MISSED APPOINTMENTS

PER OHIP GUIDELINES, HEALTH CARD AND REQUISITION REQUIRED FOR ALL VISITS

This requisition form can be taken to any licenced facility providing healthcare service including hospitals and IHP's on the front of the requisition if you can.

PATIENT'S NAME _____ DOB _____

ADDRESS _____ POSTAL CODE _____

PHONE # HOME _____ WORK _____

OHIP # _____ CITY _____

CLINICAL HISTORY _____

VERBAL

REFERRING NUMBER

DOCTOR'S SIGNATURE

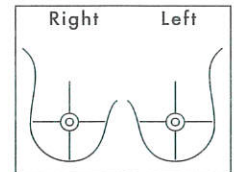
COPY TO

BREAST IMAGING (By Appointment)



ONTARIO BREAST
SCREENING PROGRAM
A CANCER CARE ONTARIO PROGRAM

- Routine Screening Mammogram (OBSP Accredited)
- Diagnostic Mammogram (Indicate area of concern on diagram)
- Breast Ultrasound (incl. axilla)
- Bilateral
- Right
- Left



ULTRASOUND (By Appointment)

GENERAL

- Abdomen Complete
- Female Pelvis
- Male Pelvis
- Abdominal wall
- Groin
- Scrotum
- Thyroid
- Neck (lymph nodes, salivary glands, etc.)
- Limited areas
- Transvaginal
- Transrectal
- Transabdominal

OBSTETRIC U/S

- 1st Trimester
- Nuchal Translucency / IPS (11-14 weeks)
- Anatomic Survey (18-20 weeks)
- 3rd Trimester (Fetal Growth /BPP)

VASCULAR

- Carotid
- Arterial Duplex
 - Upper Ext.
 - Lower Ext.
 - R
 - L
- Venous Duplex
 - Upper Ext.
 - Lower Ext.
 - R
 - L

MUSCULOSKELETAL

- R L Shoulder
- R L Elbow
- R L Wrist
- R L Hand
- Other (Mass, Lymph Nodes etc.)
- R L Hip
- R L Knee
- R L Ankle
- R L Foot

X-RAY (No Appointment Needed)

HEAD AND NECK

- Skull
- Sinuses
- Facial Bones
- Nasal Bone
- Orbits (FB, MRI)
- Mandible
- TM Joints
- Neck for soft tissues
- Mastoids

CHEST

- Chest 2 view
- Chest 1 view (additional views)
- Ribs (Incl. Chest View)
 - Right
 - Left
- Sternum

SPINE/ PELVIS

- Cervical
- Thoracic
- Lumbar
- Sacrum/ Coccyx
- SI Joints
- Pelvis
- Scoliosis Series

ABDOMEN

- Single View
- Abdomen Series
- (Incl. Chest View)

UPPER EXTREMITY

- R L Shoulder
- R L AC Joints
- R L SC Joints
- R L Clavicle
- R L Scapula
- R L Humerus
- R L Elbow
- R L Forearm
- R L Wrist
- R L Hand
- R L Finger 1 2 3 4 5
- Bone Age

LOWER EXTREMITY

- R L Hip
- R L Femur
- R L Knee
- R L Tib/ Fib
- R L Ankle
- R L Foot
- R L Heel
- R L Toe 1 2 3 4 5

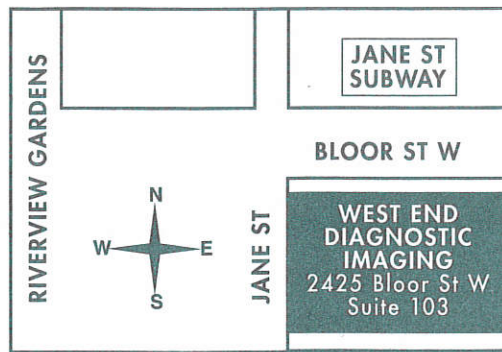
SKELTAL SURVEY

- Metastatic
- Metabolic

PREGNANCY RELEASE FORM

I declare to the best of my knowledge that I am NOT presently pregnant

Signature of Patient



www.wedi.ca
Email: frontdesk@wedi.ca

This requisition form can be taken to any licensed facility providing healthcare services including hospitals and IHFs,

PREPARATION & PROCEDURE

Please read these instructions carefully. Failure to fully comply may result in cancellation of your procedure. Please come scent - free. Inform if diabetic when making appointment.

ULTRASOUND

PELVIC / EARLY PREGNANCY (4-18 weeks)

Drink 1 litre (4 large glasses) of water 1 hour before examination. Do not go to the washroom until after the examination.

LATE PREGNANCY (18 weeks to term)

A full bladder is not necessary.

ABDOMEN - MORNING APPOINTMENT

(INCLUDING GALLBLADDER, LIVER, PANCREAS, SPLEEN, KIDNEYS AND AORTA): Do not eat or drink for 12 hours before examination.

ABDOMEN - AFTERNOON APPOINTMENT

You may eat breakfast-dry toast black tea, black coffee, juice up to 9:am. Do not eat or drink after that. These instructions are important as we require you to have an empty stomach.

PELVIC AND ABDOMEN (SAME DAY)

Take no solid foods or fluids other than water for 12 hours before the examination. Drink 1 litre (4 large glasses of water) 1 hour before the examination. Do not go to the washroom until after your appointment.

MAMMOGRAPHY

On the day of the examination, do not use deodorant, antiperspirant or talcum powder under the arms or on chest.

Please wear a 2-piece outfit for your comfort.