



### APPOINTMENT

DAY \_\_\_\_\_  
 DD/MM/YYYY

TIME \_\_\_\_\_

PLEASE, ARRIVE 15 MIN BEFORE YOUR APPT. TIME TO ALLOW FOR REGISTRATION

YOUR STUDY MAY HAVE TO BE RESCHEDULED IF 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 IHF's on the front of the 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)



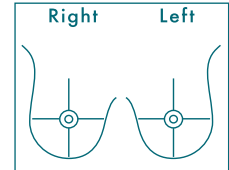
**ONTARIO BREAST SCREENING PROGRAM**  
A CANCER CARE ONTARIO PROGRAM

Routine Screening Mammogram (OBSP Accredited)

Diagnostic Mammogram (Indicate area of concern on diagram)

Breast Ultrasound (incl. axilla)

Bilateral  Right  Left



### BONE MINERAL DENSITOMETRY (BMD) (By Appointment)

BASELINE (1 per lifetime)  3 yrs. after baseline studies  High Risk  Annual Low Risk  after 5 years

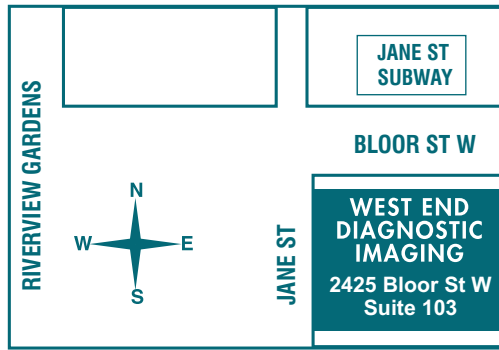
### ULTRASOUND (By Appointment)

<h4>GENERAL</h4> <p><input type="checkbox"/> Abdomen</p> <p><input type="checkbox"/> Female Pelvis Incl. Transvaginal (Unless Contraindicated)</p> <p><input type="checkbox"/> Male Pelvis <input type="checkbox"/> Transrectal <input type="checkbox"/> Transabdominal</p> <p><input type="checkbox"/> Abdominal wall <input type="checkbox"/> Kidney / Bladder / Pelvis</p> <p><input type="checkbox"/> Groin <input type="checkbox"/> Bladder pre-post void</p> <p><input type="checkbox"/> Scrotum / Testicular <input type="checkbox"/> Salivary Gland</p> <p><input type="checkbox"/> Thyroid</p> <p><input type="checkbox"/> Neck (lymph nodes, salivary glands, etc.)</p> <p><input type="checkbox"/> HCC Surveillance / Portal HTN</p> <p><input type="checkbox"/> Hernia - Umbilical</p> <p><input type="checkbox"/> Hernia - Inguinal</p> <p><input type="checkbox"/> Hernia - Abdominal wall</p>	<h4>OBSTETRIC U/S</h4> <p><input type="checkbox"/> 1st Trimester / Early Dating</p> <p><input type="checkbox"/> Nuchal Translucency / IPS (11-14 weeks)</p> <p><input type="checkbox"/> Anatomic Survey (18-20 weeks)</p> <p><input type="checkbox"/> 3rd Trimester (Fetal Growth /BPP/EFW)</p> <p><input type="checkbox"/> MCA Doppler/Fetal Anemia</p> <p><input type="checkbox"/> Multi Gestation <input type="checkbox"/> 3D / 4D Imaging</p> <h4>MUSCULOSKELETAL</h4> <p><input type="checkbox"/> R <input type="checkbox"/> L Shoulder <input type="checkbox"/> R <input type="checkbox"/> L Hip</p> <p><input type="checkbox"/> R <input type="checkbox"/> L Elbow <input type="checkbox"/> R <input type="checkbox"/> L Knee</p> <p><input type="checkbox"/> R <input type="checkbox"/> L Wrist <input type="checkbox"/> R <input type="checkbox"/> L Ankle</p> <p><input type="checkbox"/> R <input type="checkbox"/> L Hand <input type="checkbox"/> R <input type="checkbox"/> L Foot</p> <p><input type="checkbox"/> Other (Mass, Lymph Nodes etc.)</p>	<h4>VASCULAR</h4> <p><input type="checkbox"/> Carotid</p> <p><input type="checkbox"/> Arterial Duplex Bilateral</p> <p><input type="checkbox"/> Upper Ext. <input type="checkbox"/> Lower Ext. <input type="checkbox"/> R <input type="checkbox"/> L</p> <p><input type="checkbox"/> DVT</p> <p><input type="checkbox"/> Upper Ext. <input type="checkbox"/> Lower Ext. <input type="checkbox"/> R <input type="checkbox"/> L</p> <p><input type="checkbox"/> Vascular Screening (carotid, aorta, legs)</p> <p><input type="checkbox"/> AAA Screen</p> <p><input type="checkbox"/> Vascular Medicine Consult</p>
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### X-RAY (No Appointment Needed)

<h4>HEAD AND NECK</h4> <p><input type="checkbox"/> Skull</p> <p><input type="checkbox"/> Sinuses</p> <p><input type="checkbox"/> Facial Bones</p> <p><input type="checkbox"/> Nasal Bone</p> <p><input type="checkbox"/> Orbits (FB, MRI)</p> <p><input type="checkbox"/> Mandible</p> <p><input type="checkbox"/> TM Joints</p> <p><input type="checkbox"/> Neck for soft tissues</p> <p><input type="checkbox"/> Mastoids</p>	<h4>CHEST</h4> <p><input type="checkbox"/> Chest 2 view</p> <p><input type="checkbox"/> Chest 1 view (additional views)</p> <p><input type="checkbox"/> Ribs (Incl. Chest View)</p> <p><input type="checkbox"/> Right <input type="checkbox"/> Left</p> <p><input type="checkbox"/> Sternum</p>	<h4>SPINE/ PELVIS</h4> <p><input type="checkbox"/> Cervical <input type="checkbox"/> OA</p> <p><input type="checkbox"/> Thoracic <input type="checkbox"/> Trauma (flexion/ext)</p> <p><input type="checkbox"/> Lumbar</p> <p><input type="checkbox"/> Sacrum/ Cocyx</p> <p><input type="checkbox"/> SI Joints</p> <p><input type="checkbox"/> Pelvis</p> <p><input type="checkbox"/> Scoliosis Series</p>	<h4>UPPER EXTREMITY</h4> <p><input type="checkbox"/> R <input type="checkbox"/> L Shoulder</p> <p><input type="checkbox"/> R <input type="checkbox"/> L AC Joints</p> <p><input type="checkbox"/> R <input type="checkbox"/> L SC Joints</p> <p><input type="checkbox"/> R <input type="checkbox"/> L Clavicle</p> <p><input type="checkbox"/> R <input type="checkbox"/> L Scapula</p> <p><input type="checkbox"/> R <input type="checkbox"/> L Humerus</p> <p><input type="checkbox"/> R <input type="checkbox"/> L Elbow</p> <p><input type="checkbox"/> R <input type="checkbox"/> L Forearm</p> <p><input type="checkbox"/> R <input type="checkbox"/> L Wrist</p> <p><input type="checkbox"/> R <input type="checkbox"/> L Hand / Wrist</p> <p><input type="checkbox"/> R <input type="checkbox"/> L Finger 1 2 3 4 5</p> <p><input type="checkbox"/> Bone Age</p>	<h4>LOWER EXTREMITY</h4> <p><input type="checkbox"/> R <input type="checkbox"/> L Hip</p> <p><input type="checkbox"/> R <input type="checkbox"/> L Femur</p> <p><input type="checkbox"/> R <input type="checkbox"/> L Knee</p> <p><input type="checkbox"/> R <input type="checkbox"/> L Knee Standing (OA)</p> <p><input type="checkbox"/> R <input type="checkbox"/> L Tib/ Fib</p> <p><input type="checkbox"/> R <input type="checkbox"/> L Ankle</p> <p><input type="checkbox"/> R <input type="checkbox"/> L Foot</p> <p><input type="checkbox"/> R <input type="checkbox"/> L Heel</p> <p><input type="checkbox"/> R <input type="checkbox"/> L Toe 1 2 3 4 5</p> <h4>SKELETAL SURVEY</h4> <p><input type="checkbox"/> Metastatic</p> <p><input type="checkbox"/> Metabolic</p> <p><input type="checkbox"/> Arthritis</p>
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**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

- Full-service Women's Imaging Wellness Centre
- Female technologists available
- Radiologist on site
- Easy access from Bloor Line - Jane Station

#### 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.