

268 Main Street
Lucan ON NOM 2J0
Tel : 226-304-4664
Fax : 226-304-4665
Ldimaging.clinic@gmail.com

www.lucandiagnosticimaging.com

PATIENT INFORMATION

Last Name : _____ First Name : _____ Sex : M F

Tel : _____ Address : _____ Date : _____

Health Card Number				Version		Date of Birth		
						YY	MM	DD

REQUEST FOR STAT CASE

CLINICAL INFORMATION

Date LMP : _____

ULTRASOUND By Appointment ONLY

GENERAL

- Abdomen
- Limited Abdomen
- Abdomen Wall/Hernia
- Abdomen/Pelvis
- Kidneys & Bladder
- Female Pelvis / Transvaginal
- Female Pelvis
- Male Pelvis/Transrectal
- Male Pelvis
- Other: _____

OBSTETRICAL

- Early OBS / Dating
- IPS / NT
- Anatomical Scan (18-20 wks)
- 2ND / 3RD Trimester
- Others _____

VASCULAR

- Carotid Doppler
- Lower Limb Arterial Doppler/ABI
- Upper Limb Arterial Doppler
- Upper Limb Venous Doppler
- Lower Limb Venous Doppler
- DVT INSUFFICIENCY/REFLUX

SMALL PARTS

- Thyroid
- Neck
- Sub Mandibular Glands
- Parotid Glands
- Testes / Scrotum
- Groin
- Soft Tissue / Lump
- Breast
- Other: _____

MUSCULOSKELETAL

- R L Shoulder
- R L Elbow
- R L Wrist / Hand
- R L Hip joint / Greater Trochanter
- R L Hamstring
- R L Knee / Pop Fossa
- R L Calf
- R L Ankle / Foot
- R L Achilles Tendon / Plantar Fascia
- R L Other (Please SPECIFY): _____

X-RAY Walk-in or By Appointment

CHEST

- Chest P.A.
- P.A. & Lateral
- Ribs R L
- Sternum
- S-C Joints

HEAD & NECK

- Skull
- Facial Bones
- Nose
- Mandible
- TM Joints
- Neck, Soft Tissue
- Pre MRI Orbits
- Other _____

ABDOMEN

- Single View
- Two or More Views

SPINE AND PELVIS

- Cervical Spine
- Thoracic Spine
- Lumbar Sacral Spine
- Sacrum & Coccyx
- Pelvis
- Sacro-Iliac Joints

UPPER EXTREMITIES

- Clavicle R L
- A-C Joints R L
- Shoulder R L
- Scapula R L
- Humerus R L
- Elbow R L
- Forearm R L
- Wrist R L
- Scaphoid R L
- Hand R L
- Wrist & Hand R L
- Finger & Thumb R L



LOWER EXTREMITIES

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



We only accept Ontario Health Card.

PREGNANCY RELEASE FORMS

I declare, to the best of my knowledge that I'm not presently pregnant.

Signature _____

REFERRING DOCTOR: _____ Dr.CPSO # _____ Dr. BILLING # _____

SIGNATURE: _____ PHONE: _____ FAX: _____

ADDRESS: _____

Before ordering X-Rays, make sure female patients are not pregnant.

Map & Preparation on reverse

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

APPOINTMENT

Date : _____ Time : _____

ULTRASOUND PREPARATION

- PREGNANCY OR PELVIS** (Transvaginal and Transabdominal)
- Includes Uterus, Ovaries, Bladder, Prostate and Pregnancy

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.

Please note: If 5 months pregnant, or more, 16 ounces (1/2 litre) of fluids should be adequate.

- ABDOMEN**
Include 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.

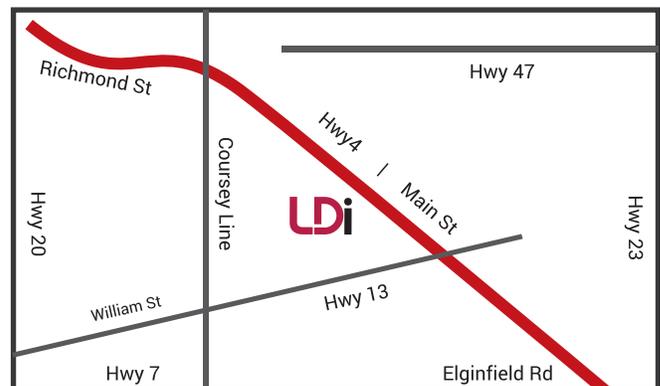
- ABDOMEN & PELVIS**
When both exams have been requested by your doctor
DO NOT EAT FOR 8-12 HOURS BEFORE THIS EXAMINATION.
Do not eat fried or fatty food on the day before your appointment.
A FULL BLADDER IS REQUIRED FOR THIS EXAMINATION. You must finish drinking 32 ounces (1 litre) of water by 1 hour 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

- NECK, THYROID, SCROTUM, BREAST, MUSCULOSKELETAL, SUPERFICIAL MASSES.**



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PLEASE BRING THIS REQUISITION AND YOUR VALID HEALTH CARD - All Cancellations must be made 24 Hours in Advance