KENSINGTON DIAGNOSTIC IMAGING CENTRE: REQUEST FOR EXAMINATION FORM

To order requisition forms, call 416-962-3202

340 College St, Suite 410, Toronto, ON M5T 3A9 | Phone: 416-962-3202 | Fax: 416-962-9653 | www.kensingtonhealth.org /diagnostic-imaging

PATIENT NAME: ______ WEIGHT: ______ HEIGHT: ______ D.O.B: ______

PATIENT ADDRESS: ______ PATIENT PHONE #: ______

HEALTH CARD #: ______ THIRD PARTY PAYOR: ______ CLAIM #: ______

ULTRASOUND

SMALL PARTS
- ☐ SOFT TISSUE FACE & NECK
- ☐ THYROID

ABDOMEN/PELVIS
- ☐ ABDOMINAL COMPLETE
- ☐ HERNIA ☐ R ☐ L
- ☐ KIDNEYS
- ☐ PELVIS
- ☐ PELVIS / TRANSVAGINAL
- ☐ PROSTATE
- ☐ SCROTAL

OBSTETRICAL
- ☐ DATING
- ☐ NT (11-14 WKS)
- ☐ ANATOMIC (18-20 WKS)
- ☐ FETAL GROWTH FOLLOW-UP
- ☐ BIOPHYSICAL PROFILE

MUSCULOSKELETAL
- ☐ SHOULDER ☐ R ☐ L
- ☐ ELBOW ☐ R ☐ L
- ☐ WRIST ☐ R ☐ L
- ☐ HIP ☐ R ☐ L
- ☐ KNEE ☐ R ☐ L
- ☐ FOOT ☐ R ☐ L
- ☐ ACHILLES TENDON ☐ R ☐ L
- ☐ LUMPS & BUMPS ☐ R ☐ L
- ☐ OTHER ______ ☐ R ☐ L

VASCULAR
- ☐ ABI ONLY
- ☐ CAROTID
- ☐ LOWER EXTREMITY
  - ☐ ARTERIAL ☐ R ☐ L
  - ☐ VENOUS ☐ R ☐ L
- ☐ LOWER EXTREMITY
  - ☐ ARTERIAL ☐ R ☐ L
  - ☐ VENOUS ☐ R ☐ L

BIOPSY

- ☐ THYROID
- ☐ OTHER ______

BREAST IMAGING

- ☐ ROUTINE SCREENING MAMMOGRAM
- ☐ BREAST ULTRASOUND ☐ R ☐ L
- ☐ DIAGNOSTIC MAMMOGRAM ☐ R ☐ L
- ☐ IMPLANTS ☐ Y ☐ N

AND/OR CHECK REASON FOR TESTING
☐ LUMP ☐ DISCHARGE ☐ PAIN

R L

indicate area of concern on diagram

- ☐ ADDITIONAL IMAGING IF TEST RESULT IS POSITIVE/ABNORMAL

X-RAY (no appointment required)

HEAD AND NECK
- ☐ FACIAL BONES
- ☐ MANDIBLE
- ☐ ORBITS FOR MRI
- ☐ SKULL
- ☐ TM JOINTS
- ☐ ADENOIDS
- ☐ MASTOIDS
- ☐ NOSE
- ☐ SOFT TISSUE OF NECK

CHEST
- ☐ CHEST P.A.
- ☐ CHEST P.A. & LAT.
- ☐ RIBS & CHEST P.A. ☐ R ☐ L ☐ BIL
- ☐ STERNUM

ABDOMEN
- ☐ KUB
- ☐ ACUTE ABDOMEN

SPINE & PELVIS
- ☐ CERVICAL SPINE
- ☐ THORACIC SPINE
- ☐ LUMBAR SPIN
- ☐ L/S SPINE, PELVIC & S.I. JOINTS
- ☐ SACRUM & COCCYX
- ☐ S.I. JOINTS
- ☐ PELVIS
- ☐ THORACOLUMBARSPINE (SCOLIOSIS)

SKELETAL SURVEY
- ☐ METASTATIC SERIES
- ☐ ARTHIRITIC SERIES
- ☐ BONE AGE

UPPER EXTREMITIES
- ☐ SHOULDER ☐ R ☐ L ☐ BIL
- ☐ CLAVICLE ☐ R ☐ L ☐ BIL
- ☐ ACROMIOCLAVICULAR (A.C.) JOINTS ☐ R ☐ L ☐ BIL
- ☐ STERNOCLAVICULAR JOINTS ☐ R ☐ L ☐ BIL
- ☐ SCAPULA ☐ R ☐ L ☐ BIL
- ☐ HUMERUS ☐ R ☐ L ☐ BIL
- ☐ ELBOW ☐ R ☐ L ☐ BIL
- ☐ FOREARM ☐ R ☐ L ☐ BIL
- ☐ WRIST ☐ R ☐ L ☐ BIL
- ☐ SCAPHOID ☐ R ☐ L ☐ BIL
- ☐ HAND ☐ R ☐ L ☐ BIL
- ☐ FINGERS ☐ R ☐ L ☐ BIL

Indicate area of concern (thumb is 1):
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

UPPER EXTREMITIES
- ☐ HIP ☐ R ☐ L ☐ BIL
- ☐ FEMUR ☐ R ☐ L ☐ BIL
- ☐ KNEE ☐ R ☐ L ☐ BIL
- ☐ TIBIA & FIBULA ☐ R ☐ L ☐ BIL
- ☐ ANKLE ☐ R ☐ L ☐ BIL
- ☐ HEEL ☐ R ☐ L ☐ BIL
- ☐ TOES ☐ R ☐ L ☐ BIL

Indicate area of concern (big toe is 1):
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

APPOINTMENT

PLEASE ARRIVE AT LEAST 15 MINUTES BEFORE YOUR APPOINTMENT AND BRING THIS FORM AND YOUR OHIP CARD. IF YOU ARRIVE LATE YOU MAY BE REBOOKED FOR ANOTHER TIME. SEE REVERSE FOR EXAM PREPARATION INSTRUCTIONS

DAY ______ MONTH ______ YEAR ______ TIME ______

REFERRING PHYSICIAN INFORMATION

REFERRED BY

ADDRESS

PHONE # | FAX #

REFERRING PHYSICIAN'S SIGNATURE

PROVIDER ID #

CC REPORTS TO | DATE

CLINICAL HISTORY (MANDATORY) ☐ STAT

BONE MINERAL DENSITY (DEXA)

- ☐ BASELINE (1st BMD)
- ☐ LOW RISK
- ☐ HIGH RISK

PREVIOUS REQUIRED ☐ YES ☐ NO

WHERE: ______

WHEN: ______

INDICATION: ______

I declare to the best of my knowledge I am not pregnant. Patient's signature: ______ Date: ______

Canadian Association of Radiologists (CAR) and Ontario Breast Screening Program (OBSP) accredited facility

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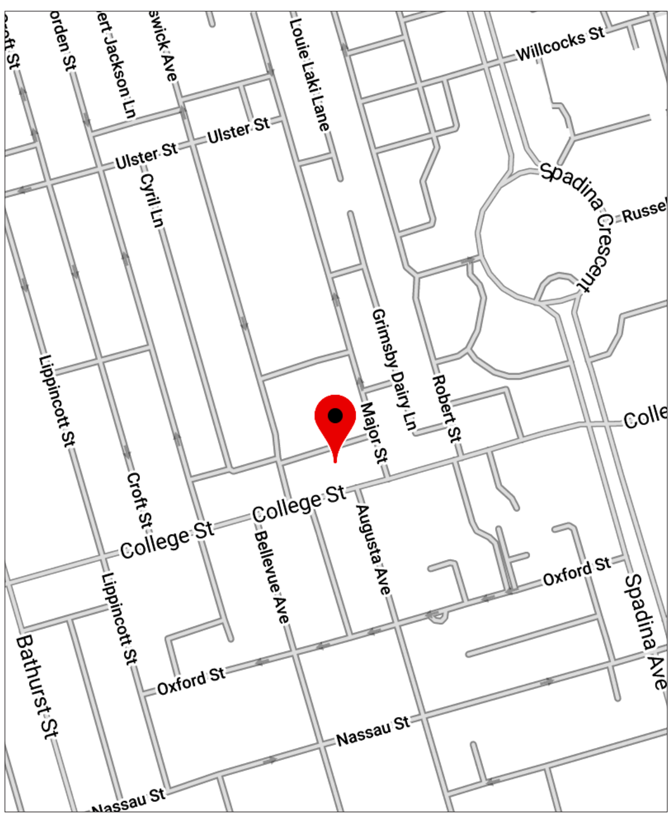

The Kensington Diagnostic Imaging Centre is wheelchair accessible.

PATIENT INSTRUCTIONS

If your test is not listed below, there is no specific preparation required.

ULTRASOUND

OBSTETRICAL AND PELVIC:

This test can only be done with the urinary bladder full. Drink 1 litre (four 8oz glasses) of water 1 hour before the appointment. Do not empty your bladder until after the test.

PELVIC ONLY – MALE & FEMALE:

Drink 1 litre (four 8oz glasses) of water 1 hour before the appointment. Do not empty your bladder until after the test.

ABDOMINAL:

No solid food or dairy products 8 hours before the exam.

COMBINED ABDOMINAL AND PELVIC:

No solid food or dairy products 8 hours before the exam. Drink 1 litre (four 8oz glasses) of water 1 hour prior to the appointment time. Do not empty your bladder until after the test.

MAMMOGRAM AND BREAST ULTRASOUND

Please wear a 2 piece outfit. Do not use deodorant or talcum powder on the day of the test.

For more information, visit: www.kensingtonhealth.org/diagnostic-imaging